

**Application for Membership
And Annual Membership Renewal
Nurse Honor Guard of the River Cities**

Date _____

Full Name: _____ Professional Title: _____

Licensure: State _____ *You do not have to have an active license to join but you must have been licensed at one point Is your license Active ____ OR Inactive ____

Phone: land line _____ or cell _____ Email: _____

Address: _____ City _____ State ____ Zip _____

Which time(s)/days would best suit you for meetings:

Weekdays ____ Weekends ____ AM (9-noon) ____ PM (4pm-7pm) _____

Character reference # 1: Name/contact information _____

Character reference #2: Name/contact information _____

Date of Application _____ Signature _____

Check any tasks you might be interested in:

- 🍏 Participating in ceremonies- requires full uniform as outlined in membership packet
- 🍏 Fund raising- telephone or visitation for potential solicitation of donations
- 🍏 Assisting with secretarial duties (writing letters, developing spreadsheets, making copies, etc.
- 🍏 Outreach-contacting nurses potentially interested in membership, providing them with membership packets, assisting them in completing applications, and assuring that they are contacted by a member of the Outreach Committee
- 🍏 PR- identifying fallen nurses whose families may request our services, relaying all the information to Dorothy so she can contact the family, visiting/speaking to groups or individuals who may be interested in our services.

