

## Member Information Sheet

**Name** \_\_\_\_\_

**Department** \_\_\_\_\_

**Status** (*circle one*)                      Full time              Part time              Per Diem

**Shift** \_\_\_\_\_

**Home Address 1** \_\_\_\_\_

**Home Address 2** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Home Email Address** \_\_\_\_\_

**Work Email Address** \_\_\_\_\_

**I'd like to hear more about:**

Nurses' Dinners	Member Coffees	Nurses' Week
Kids' Night	Model Unit Process	Professional Issues
Community Outreach	Safe Patient Handling	Environment of Care Committee
Communication & Technology	Publications Committee	Legislative & State House
Other		

**Hobbies, Skills, Talents & Interests:** (*please continue on back if necessary*)

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