

PITTSBURGH BLACK NURSES IN ACTION
MEMBERSHIP APPLICATION

NAME _____ RN _____ LPN/LVN _____

ADDRESS _____

_____ ZIPCODE _____

PHONE _____ (Home) _____ (Cell) _____ (Email) _____

EMPLOYED BY _____

BUSINESS ADDRESS _____

PHONE _____ FAX _____

JOB TITLE _____

EDUCATIONAL BACKGROUND _____

Membership in other organizations and positions held _____

What do you expect to gain from PBNIA? _____

SIGNATURE _____ DATE _____

Return to: P B N I A
P. O. BOX 5554
PITTSBURGH, PA. 15206