



# PHILIPPINE NURSING RESEARCH SOCIETY INC.

## Membership Application Form

### PERSONAL INFORMATION

Title: Dr.  Prof.  Mr.  Ms.  Gender: Male  Female   
 Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Affiliated Organization/ Institution: \_\_\_\_\_  
 Current Position: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Contact Number: Landline: \_\_\_\_\_ Cellphone: \_\_\_\_\_  
 Email address/es: \_\_\_\_\_

### TYPE OF MEMBERSHIP

<input type="checkbox"/> Student – for those who finished the course Nursing Research or currently taking the course
<input type="checkbox"/> Professional – registered nurse
<input type="checkbox"/> Associate – allied health professional
Bachelor's Degree: <input type="checkbox"/> BSN <input type="checkbox"/> Others: _____ Year Graduated: _____ School: _____
Other post-graduate degree: _____ Year Graduated: _____ School: _____
PRC license number: _____ Validity (Year of Expiry): _____ Major area of activity: <input type="checkbox"/> Education <input type="checkbox"/> Practice (Clinical / Public Health) <input type="checkbox"/> Others
Are you interested to be mentored for research? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in which area of specialization: <input type="checkbox"/> nursing education <input type="checkbox"/> adult health nursing <input type="checkbox"/> nursing leadership and management <input type="checkbox"/> mother and child nursing <input type="checkbox"/> psychiatric nursing <input type="checkbox"/> others: _____
Are you interested to be a mentor in research? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in which area of specialization: <input type="checkbox"/> nursing education <input type="checkbox"/> adult health nursing <input type="checkbox"/> nursing leadership and management <input type="checkbox"/> mother and child nursing <input type="checkbox"/> psychiatric nursing <input type="checkbox"/> others: _____
Are you a member of a research cell? <input type="checkbox"/> Yes, specify: _____ <input type="checkbox"/> No

### MEMBERSHIP PAYMENT

Categories of Membership	Validity		
	1 year	2 years	3 years
Professional	<input type="checkbox"/> Php 500	<input type="checkbox"/> Php 1,000	<input type="checkbox"/> Php 1,500
Student	<input type="checkbox"/> Php 100	-	-
Associate	<input type="checkbox"/> Php 1000	-	-

For membership payments, kindly deposit to Philippine Nursing Research Society RCBC Savings Bank (Taft Remedios Branch) Account No: 7590-674357. Submit the documentary evidence (i.e. scanned copy of deposit slip or screen-captured successful electronic bank transfer) to the PNRS' official email ([pnrsi.membership@gmail.com](mailto:pnrsi.membership@gmail.com)), Secretary's email ([abiag@hau.edu.ph](mailto:abiag@hau.edu.ph)), and Treasurer's email ([pearled.cuevas@gmail.com](mailto:pearled.cuevas@gmail.com)) indicating the member's name and corresponding category of membership, with email subject "PNRS MEMBERSHIP"

The annual fee for membership follows the calendar year. Only one person should apply per form.