

CENTRAL FLORIDA ASSOCIATION OF REHABILITATION NURSES
2010 Membership Application

NAME: _____

HOME ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

*******E-Mail Address:** _____

(If new or changed please check___)

EMPLOYER:

Name of Employer: _____

Work Address: _____

Work Phone: _____ Fax: _____

Membership Information: ARN(National) Yes _____ No _____

Renewal Date _____ Certification Number: _____

FSARN(state) Yes () No ()

CCM _____ CRC _____ CMDS _____

Florida RN license # _____

Date of application: _____ Referred by _____

PLEASE MAKE CHECKS PAYABLE TO: CFARN

OPTIONS: (check one)

_____ Tri Level District Dues: \$10.00 (for ARN & FSARN members)

_____ Associate member (non ARN): \$10.00

_____ E-mail only (no charge)

MAIL TO: Grace Peery Phone: 407-880-8656 e-mail: gmpeery@cvty.com
451 Knightswood Drive
Apopka, FL 32712

Web address: You can also go to the national web site to join www.rehabnurse.org

Dues are renewed January of each year

Reminder: Voting Membership requires tri-level membership (ARN, FSARN, & CFARN).

All Newsletters and communication is by e-mail and Web Site www.CFARN.org