



Mary Mahoney Professional Nurses Organization  
P.O. Box 22003, Seattle, Washington 98122-0003  
[marymahoney@hotmail.com](mailto:marymahoney@hotmail.com) 206.632.2524 [www.marymahoney.org](http://www.marymahoney.org)  
Founded 1949, Anne Foy Baker

## MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

(Please type or print):

Name: (include credentials) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ cell: \_\_\_\_\_ email: \_\_\_\_\_

Current License State: \_\_\_\_\_

If Student, indicate nursing school: \_\_\_\_\_

(Note: A student (SN) is an unlicensed student in a nursing program)

Please mark (X) by the appropriate responses

Nursing Employment:

- Full-time  
 Part-time  
 Retired  
 Unemployed

Sex:  Female  Male  
DOB m/d: \_\_\_\_/\_\_\_\_

Highest Degree Held:

- Diploma  
 Associate Degree  
 Baccalaureate in Nursing  
 Masters in Nursing  
 Masters in Other Fields  
 Doctorate in Nursing  
 Doctorate in Other Fields

Experience in Nursing:

- Less than 5 years  
 6-10 years  
 11-15 years  
 16-20 years  
 More than 20 years

Primary Work Setting:

- Inpatient  Education  
 Ambulatory  Long Term Care  
 Education  Community Health  
 Other (List) \_\_\_\_\_

Positions Held:

- Clinical  Administration  
 Research  Education  
 Informatics  Quality Care  
Other (list) \_\_\_\_\_

Membership in Professional Nursing Organizations (List): \_\_\_\_\_

**You have a great opportunity to be involved with the organization, please identify an area of interest:**

\_\_\_Mentorship (student or professional nurse in practice transition)

\_\_\_Tutor /Academic Support: (list area of interest):\_\_\_\_\_

**Committees:**

\_\_\_Publicity/Membership

\_\_\_ Education

\_\_\_ Ways & Means (fund raising for student scholarships)

-----Community Outreach (BP Screening, Special Projects, Support Community Projects

\_\_\_ Endowment

\_\_\_History)

\_\_\_Grant writing

\_\_\_Program and professional development

\_\_\_List other areas of interest:\_\_\_\_\_

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**MEMBERSHIP DUES ANNUAL:**

\_\_\_Active \$100.00 dollars

\_\_\_Retired 50.00 dollars

\_\_\_Student Nurse (organization participation)

**Payment choices:**

**Make Check payable to Mary Mahoney Professional Nurses Organization or MMPNO and mail to Post Office Box 22003, Seattle, WA 98122-0003**

**Payment via PayPal on the MMPNO website**

**THANK YOU FOR JOINING MMPNO!**