



Hospice & Palliative Nurses' Association  
Fort Worth Chapter  
New Membership/Renewal Membership  
2014 - 2015



Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax \_\_\_\_\_ E Mail \_\_\_\_\_

Employer \_\_\_\_\_ RN \_\_\_\_\_ LVN \_\_\_\_\_ Other \_\_\_\_\_

**You must be a National member to be a local member.**

**Local dues** \$15—Make check payable to: Ft. Worth Chapter HPNA

Voting RN \_\_\_\_\_ Associate \_\_\_\_\_ \$15/year

Senior (requires proof of age) \_\_\_\_\_ \$10

Student (requires proof of program attendance) \_\_\_\_\_ \$10

CNA/HHA \_\_\_\_\_ \$ 8

Bring to meeting or send to:

Sue Collins

620 Sun Valley

Denton TX 76209

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**National Dues** are \$ 99 for 1 year or \$180 for 2years

(You may write one check to Ft. Worth HPNA for both local and national dues—

**please complete National HPNA membership form)**

Voting RN \_\_\_\_\_

LVN \_\_\_\_\_ \$ 82 or 2year \$ 140

Senior (requires proof of age – over 70) \_\_\_\_\_ \$ 45 or 2year \$ 85

Nursing Assistant \_\_\_\_\_ \$ 35 or 2year \$ 55

Associate \_\_\_\_\_ \$ 82

Student \_\_\_\_\_ \$ 45