South Carolina Faith Community Nurses Association

Associate Membership Application and Contact Information

1. Application Status (circle one):
2. New Member
3. Renewing Member
4. Name (include credentials):
5. Email (please either type or print so easily read):
6. Mailing Address:
7. Reliable phone number where you can be reached. Indicate if can receive texts at the given number:
8. Church Affliation:
9. Church Address:
10. What is your title?
11. How many hours per week are you currently employed or volunteer in this role?
12. How long have you practiced in this role?
13. If employed by more than one faith organization, please list all those you serve.
14. You can pay your $20 membership fee on the website scfcna.com under the membership tab or you can write a check to SCFCNA.

**PLEASE MAIL PRINTED APPLICATIONS AND CHECKS TO:**

**SCFCNA**

**C/O B. J. ROOF**

**2817 HEBRON DRIVE**

**WEST COLUMBIA, SC 29169 or Email as an attachment to: bjroof13@gmail.com**