PENNSYLVANIA ASSOCIATION OF PERIANESTHESIA NURSES

Honorary Membership Nomination Form

Step One: To be completed by the nominator

I wish to nominate _____ for Honorary Membership in The Pennsylvania PeriAnesthesia Nurses Association (PAPAN).

Nominator's Name: _____
Address: _____
Telephone: (home) _____ (work) _____

How has this person rendered distinguished or valuable service to PeriAnesthesia nursing , especially through activities of the Pennsylvania PeriAnesthesia Nurses Association (PAPAN)?

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Mail to:
PAPAN Membership Committee Chair
See PAPAN Website for mailing address

Reviewed & Revised 2005; 9'08