

PENNSYLVANIA ASSOCIATION OF PERIANESTHESIA NURSES



Honorary Membership Nomination Form

Step Two: To be completed by the nurse being nominated.

Name (including middle): _____

Home address: _____

City, State & Zip: _____

Please attach current resume of curriculum vitae.

I agree to be considered for Honorary Membership as stated in the bylaws of the Pennsylvania PeriAnesthesia Nurses (PAPAN). I agree to participate in the award if chosen.

Signature: _____

Date: _____

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