



PHENSA Membership Application

Membership in the Association is open to the College/University of baccalaureate and higher degree programs with a major in nursing within the Commonwealth of Pennsylvania which are an integral part of a regionally accredited university or college. The Dean/Director of the member nursing program serves as the official representative. Up to two(2) additional faculty member or nursing unit administrators designated by the Dean/Director may attend PHENSA meetings and serve on all standing and ad hoc committees.

Membership Dues are \$400.00 per fiscal year, July 1 – June 30.

Affiliation: _____

Address: _____

City/State/Zip: _____

Dean/Director Name: _____

Title: _____

Phone: _____

Email: _____

Associate Member Name: _____

Title: _____

Phone: _____

Email: _____

Admin Contact Name: _____

Title: _____

Phone: _____

Email: _____

Mail check to:
PHENSA c/o Graphtech
1310 Crooked Hill Road, Suite 800
Harrisburg, PA 17110
ATTN: Alexis Kierce

Office Use Only:

Check #: _____

Date Rec'd: _____