



## 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 \$450.00 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  
PO Box 60322  
Harrisburg, PA 17106  
ATTN: Alexis Kierce

Office Use Only:

Check #: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_