



THE TRINIDAD AND TOBAGO NURSES ASSOCIATION OF AMERICA, INC. 2152 RALPH
AVE, BROOKLYN N.Y. 11234, SUITE 634

Email: ttnaainc@gmail.com

Website: <https://www.ttnaainc.com/>

Member Application

Date: _____

Name: _____

Place of Birth: _____

Parentage: _____

Address: _____

Phone#: _____

Email Address: _____

State of License: _____

School of Nursing: _____

Area of Practice: _____

Position/Title: _____

Registration fee: \$25

Annual dues: \$100

Sign: _____

Date: _____

Membership Guidelines

SEC. 1 ELIGIBILITY REQUIREMENTS

A member is one who has been granted a license to practice as a registered professional nurse in the USA and:

1. Whose application for membership has been accepted in accordance with the Association's policy.
2. He/she must remain current with the payment of membership dues.

Objectives and Functions

The Objectives and functions of the Association shall be to:

1. Coordinate the ideas and activities of Registered Professional Nurse of T&T origin/descent residing in the USA.
2. Conduct and promote continuing educational needs of professional nurse.
3. Provide assistance and / or make contributions to health care organizations in the USA and the Republic of T&T.
4. Serve as a resource group to nurses.

We offer Student membership and Registered Nurse membership. If you would like to join, fill out the application above and mail or e-mail to:

**THE TRINIDAD AND TOBAGO NURSES' ASSOCIATION OF AMERICA INC.
2152 RALPH AVENUE, SUITE 634, BROOKLYN N.Y. 11234
EMAIL: TTNAAINC@GMAIL.COM**