South Carolina Faith Community Nurses Association

Membership Application and Contact Information

1. Application Status (circle one):
2. New Member
3. Renewing Member
4. Name (include credentials):
5. Email (please either type or print so easily read):
6. Mailing Address:
7. Reliable phone number where you can be reached. Indicate if can receive texts at the given number:
8. Church Affliation:
9. Church Address:
10. Completed Faith Community Nursing Course or Foundations Course (circle one).
11. Yes
12. No
13. If yes to number 8, what was the date and location of your course?
14. Current employment status as a Faith Community Nurse (circle one).
15. Full-time
16. Part-time
17. Unpaid volunteer
18. Hours worked per week as a faith community nurse
19. What is your title?
20. How long have you practiced in this role?
21. If employed by more than one faith organization, please list all those you serve.
22. You can pay your $30 membership fee on the website scfcna.com under the membership tab or you can write a check to SCFCNA.

**PLEASE MAIL PRINTED APPLICATIONS AND CHECKS TO:**

**SCFCNA**

**C/O B. J. ROOF**

**2817 HEBRON DRIVE**

**WEST COLUMBIA, SC 29169**

**Or Email as an attachment to: bjroof13@gmail.com**