

**CENTRAL FLORIDA ASSOCIATION OF REHABILITATION NURSES**  
**2020 Membership Application**

**NAME:** \_\_\_\_\_

**HOME ADDRESS:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

\*\*\*\*\***E-Mail Address:** \_\_\_\_\_

( If new or changed please check  )

**EMPLOYER:**

Name of Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Membership Information:** ARN(National) Yes \_\_\_\_\_ No \_\_\_\_\_

Renewal Date \_\_\_\_\_ Certification Number: \_\_\_\_\_

FSARN(state) Yes (  ) No (  )

CCM \_\_\_\_\_ CRC \_\_\_\_\_ CMDS \_\_\_\_\_

Florida RN license # \_\_\_\_\_

Date of application: \_\_\_\_\_ Referred by \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO: CFARN**

**OPTIONS:** (check one)

\_\_\_\_\_ Tri Level District Dues: \$10.00 (for ARN & FSARN members)

\_\_\_\_\_ Associate member (non ARN): \$10.00

\_\_\_\_\_ E-mail only ( no charge)

MAIL TO: Grace Peery

451 Knightswood Drive

Apopka, FL 32712

Phone: 407-504-9976

e-mail: [gpeery1975@gmail.com](mailto:gpeery1975@gmail.com)

Web address: You can also go to the national web site to join ARN [www.rehabnurse.org](http://www.rehabnurse.org)

Dues are renewed January of each year

Reminder: Voting Membership requires tri-level membership (ARN, FSARN, & CFARN).

**All Newsletters and communication is by e-mail and Web Site [www.CFARN.org](http://www.CFARN.org)**