

CENTRAL FLORIDA ASSOCIATION OF REHABILITATION NURSES
2021 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

Web address: You can also go to the national web site to join ARN 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