



# Membership Form\* St. Luke's Alumni Nursing Foundation USA, Inc.

6093 Boyd Ct, San Jose, CA 95123

Tel. No. (408) 921-0091

Email: [mailto:slanfusa@gmail.com](mailto:mailto:slanfusa@gmail.com)

**Instructions:**

Two methods to apply for Membership:

➤ **With a Computer:** This form is "fillable"; directly type in data then download and save the file(form) and attach the form with an accompanying email to Carol Echalico Bautista '74: [mailto:slanfusa@gmail.com](mailto:mailto:slanfusa@gmail.com) . Mail your check

➤ **Print the form:** Manually write in the data and mail the form to: SLANFUSA, Inc. Membership  
Carol Echalico Bautista, '74  
6093 Boyd Ct, San Jose, CA 95123

Name:		Maiden Name:	BirthDay:	Class Year:
Home Address:			Batch Name:	
Home Phone:	Cell Phone:		FAX No.	
E Mail:		Website:		
Spouse Name:		Children:		
Employer:		Work Phone:		
Work Address:				
Department:			Position:	

Do you have any special talent or skill you can share during our educational seminar? If yes, please specify \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can we count on your Leadership? Do You want to run for Office? Yes      If yes, nominating committee will contact you.

MEMBERSHIP\*\* DUES:      \$30 (1 YR)      \$50 (2 YRS)      \$250 (LIFETIME)

I am a lifetime member      Enclosed is a \$ \_\_\_\_\_ Donation to the Foundation

**Please mail form (if manually filled) and your check payable to:** SLANFUSA, Inc. Membership  
Carol Echalico Bautista, '74  
6093 Boyd Ct, San Jose, CA 95123

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\*The information collected here is solely for SLANFUSA, Inc's use and record-keeping, and the information in it may not be disseminated or sold to third-party organizations and other entities or to private individuals.

\*\* Membership is from January to December. Any payment received during the year is retroactive to January of that year.