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MEMBERSHIP FORM

NEW RENEWAL LIFETIME

First Name :	Middle Name :	Last Name :	Title : RN, MAN, PhD
Age/ Gender:	B-date / Civil Status:	ORNAP Member since:	
PRC No.:	Valid Until:	Registration Date:	
Institution:			
Institution Address			
Position :	Inclusive Dates:	Area of Assignment:	
Email Add :	Mailing Address:		
Contact No.			
Beneficiary		To be filled up by ORNAP Only	
Name:	ORNAP ID No.		
Relation:	Amount paid:	Date:	
Address:	Processed by:	OR No.:	

In compliance with the Data Privacy Act, consent is likewise given to release my information to legally authorized third party including PR-Board of Nursing but not limited to partner organizations, healthcare industry companies or nurse employer/sponsor, I authorize the Organization to furnish from the records requested information or excerpts thereof to any legally authorized entity that is responsible for the processing of data.

I grant	I do not grant	consent for the use of my information to be informed and be updated of the activities / services of ORNAP
I grant	I do not grant	consent for the use of my information for research and training purposes for the improvement of perioperative nursing practice

I have read this consent and I have understood all the conditions here in. In view of this, I voluntarily assume the risk and hold OPERATING ROOM NURSES ASSOCIATION OF THE PHILIPPINES, (ORNAP) Inc. from any liability that may arise there from.

Name & Signatute of Applicant/ Date