

CAHF NURSES COUNCIL MEMBER INFORMATION PROFILE

All Nursing Professionals working for a CAHF Member Facility are automatically members of the Nurses Council. (Unless information has changed or you have not completed this form in the last four months, **you do not have to re-submit this form**. Upon completion, please return this form to California Association of Health Facilities, 2201 K Street, Sacramento, CA 95816, ATTN: Jocelyn Montgomery. Or fax to (916) 441-6441. Thank you for completing your free Council member profile.

Date: _____

Name: _____

Facility: _____

Address: _____
Street Number City State Zip

Phone: _____ Fax: _____ Email: _____

Current CAHF Member Yes No

Home Address: _____
Street Number City State Zip

Job Title and Description of your Responsibilities: _____

Do you currently belong to any professional nursing associations? Yes No

Do you belong to any volunteer organizations? Yes No

Please List: _____

Do you currently or have you ever participated in CAHF's State Level Council of Nurses or in a local council chapter? Yes No

Location: _____ Year: _____

Would you like to become active in CAHF's Nurses Council? Yes No

Are you interested in serving in any of the following areas:

Education Grassroots Consumer Information P.R.

Membership Marketing Speakers Bureau Legislature

Officer for Board Advocacy Family & Friends of Long Term Care

Suggestions/Comments: _____
