

2020 CAHF NURSES COUNCIL MEMBER INFORMATION PROFILE

Did you know? All nursing professionals working for a CAHF member facility are automatically members of the Nurses Council. When filling out this member profile, please print as legibly as possible. The California Association of Health Facilities (CAHF) sends valuable information and tools via email to our Nurses Council members who have provided us with a viable email address. Upon completion, please return this form to: CAHF, 2201 K Street, Sacramento, CA 95816, ATTN: Patti Owens or fax to 916.441.6441. Thank you for completing this profile!

(PLEASE PRINT LEGIBLY)

DATE: _____ REFERRED BY: _____

NAME (FIRST & LAST NAME): _____

FACILITY NAME: _____

FACILITY ADDRESS: _____

(STREET) _____ (CITY) _____ (STATE) _____ (ZIP) _____

PHONE: _____ FAX: _____

EMAIL: _____

CURRENT CAHF MEMBER: YES NO

JOB TITLE AND DESCRIPTION OF YOUR RESPONSIBILITIES:

DO YOU CURRENTLY BELONG TO ANY PROFESSIONAL ASSOCIATIONS: YES NO

IF YES, PLEASE LIST: _____

DO YOU CURRENTLY, OR HAVE YOU EVER PARTICIPATED IN CAHF'S STATE COUNCIL OF NURSES OR IN A LOCAL COUNCIL CHAPTER? YES NO

IF YES, WHERE: _____ 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?

- | | | | |
|--|-------------------------------------|---|---|
| <input type="checkbox"/> EDUCATION | <input type="checkbox"/> GRASSROOTS | <input type="checkbox"/> CONSUMER INFORMATION | <input type="checkbox"/> PUBLIC RELATIONS |
| <input type="checkbox"/> MEMBERSHIP | <input type="checkbox"/> MARKETING | <input type="checkbox"/> SPEAKER'S BUREAU | <input type="checkbox"/> LEGISLATIVE |
| <input type="checkbox"/> OFFICER FOR BOARD | <input type="checkbox"/> ADVOCACY | <input type="checkbox"/> FAMILY & FRIENDS OF LONG-TERM CARE | |

SUGGESTIONS/COMMENTS: _____

I WOULD LIKE TO REFER: _____