UPINHF
UNIVERSITY OF THE PHILIPPINES INTERNATIONAL NURSING AND HEALTHCARE FORUM
26931 Fort Apache Circle, Lake Forest, California, U.S.A. 92630 / www.upinhf.org

Information Sheet & Membership Form
UPINHF Life/Associate Life Membership Fee (Discounted):  $100.00
After August 10, 2019, the Life/Associate Membership Fee will be $150.00
Annual Membership Rate:  $50.00 / year
Please mail the completed form and payment on or before August 10, 2019
to avail of the discounted life/associate membership fee
Make your check or money order payable in US dollars to UPINHF INC and mail it to
UPINHF
c/o Iren B. Roldan
26931 Fort Apache Circle,
Lake Forest, California, U.S.A. 92630

Treasurer’s Contact Info: Phone # (949) 275-5343 / Email: irenibr3@gmail.com

Please complete the Information Sheet below.

1. You may submit your advertisement using your solo and/or family picture. If your ad is camera-ready, use the advertisement rate on the contract and e-mail to mlongkiko73@yahoo.com and cc aabad712@aol.com.
2. If not camera-ready, please add $10.00 per picture to the advertisement rate. Please write your name and address on the back of the picture(s) or e-mail your photos & ad/message to the two aforementioned e-mail addresses.
3. If you prefer to solicit ads or sponsors, please use the attached solicitation form.

PLEASE PRINT LEGIBLY

__________________________________________________________________________________________________
First Name                                                  Maiden / Middle Name                                                Married / Last Name

Credentials:  _______________________________________________________________________________________

Degrees and Class Affiliation ______________________________ Institution ___________________________________
Other Degrees _________________________ Institution __________________________ Year Obtained _____________
Home Address: _____________________________________________________________________________________
Mailing Address (if different from above): ________________________________________________________________
E-mail Address: ____________________________________________________________
Home Tel. # _____________________________ Mobile Phone # _____________________________________________

I am a UPINHF Member (Please check):  Founding Member _____ Life Member _____ Associate _____ Annual _____
I’m interested in joining as a Life Member _______ Associate Life Member__________ Annual Member ___________
Present positions/hospital/institution: ___________________________________________________________________
Past positions/hospital/institutions: ______________________________________________________________________
Professional and socio-civic involvements: _______________________________________________________________
Outstanding achievements/awards: _______________________________________________________________________

SPOUSE’S NAME: ____________________________ Spouse’s Profession: ____________________________________________
Attachments (If Any): _______ Curriculum Vitae _______ Others (Please Specify): _______________________________