



York County White Rose Nurse Honor Guard Membership Application



The York County White Rose Nurse Honor Guard (YCWRNHG) serves to honor active and retired licensed nurses near to or after the end of their life's journey by providing the Nightingale Tribute to them directly or via their funeral or memorial service. We welcome new members to assist in our efforts. We appreciate your contribution to any of our committees, focusing on areas such as scheduling, membership, public relations, and social media. Participation in the Nightingale Tribute is voluntary. Those who choose to participate wear a traditional uniform they have purchased for these events. If you do not wish to or are unable to participate in at least two (2) tributes per calendar year, we do require that you attend at least 50% of our meetings or events or actively participate in any committee to remain an active member. The annual membership fee is \$35, paid within 30 days of acceptance and renewed in January of each year.

If you would like to join our cause, please fill out the application below and submit it via paper or e-mail to whiterosenursehonorguard@gmail.com. Our Membership Committee will be in touch with you within 30 days.

Name (Last, First) _____ Phone _____

Preferred Name _____ Pronouns _____ Personal e-mail _____

Street Address _____ City/State/Zip _____

Pennsylvania State Board of Nursing License ☐ YES ☐ NO *if other state, please specify:* _____

License Status ☐ Active ☐ Pending ☐ Inactive ☐ Expired

License Type

☐ Advanced Practice Nurse *please specify* _____

☐ Registered Nurse (RN) ☐ Licensed Practical Nurse (LPN)

Are you a Veteran or serving in the Military? YES NO Branch _____

Disciplinary Actions ☐ NO ☐ YES *if yes, please explain:* _____

Most Recent Employment _____

I understand that if I become a member, I will grant permission for York County White Rose Nurse ***initials*** Honor Guard Association to use my photograph to publicly promote this organization with no return compensation to me. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. If I do not wish for my photograph to be used publicly, I understand that I must sign a separate form.

I understand that membership within York County White Rose Nurse Honor Guard Association is a ***initials*** privilege, is voluntary, and is maintained by adhering to the organization's guidelines and Bylaws, including meeting the requirements for active membership.

Signature _____ Date _____

Received By:

Approved: ☐

Received Date:

Form Last Revised 04/04/2026