Michigan NAPNAP Membership Application

2008-2009

(Due June 30, 2008 - Past due after July 30, 2008)

☐ **NEW** ☐ **RENEWAL**

Name | Home Phone

Home Address | City | State | Zip | County

Employer | Work Status ☐ Full-time ☐ Part-time

Work Address | City | State | Zip

Work Phone | Pager | Fax | Email

Michigan RN License Number | County

Legislative Districts

State House | State Senate | Congressional

Name of PNP Program Attended	Year Graduated	Education
		☐ AD ☐ BSN ☐ MSN ☐ Diploma _____Other
Areas of Clinical Expertise	**Certifications**	**Other Memberships**
	☐ National Board PNP/A ☐ ANCC _____ Other	

Previous member of **Michigan NAPNAP**? ☐ **YES** ☐ **NO**
How many years have you been a member? _____
Do you wish to be included on published mailing lists? ☐ **YES** ☐ **NO**
Are you a member of **National NAPNAP**? ☐ **YES** ☐ **NO**

MEMBERSHIP FEES for FY July 1 – June 30
$65.00/year - $15.00/retiree - Graduate Students and first year after graduation – FREE
Make check payable to **MICHIGAN NAPNAP**
Mail to Membership Chairperson:
Jennifer Mullis
3926 Linwood, Royal Oak MI 48073
Phone: (586) 899.2806

Mother's Maiden Name –optional, but requested by National | Signature