



NAPNAP 20 Brace Road, Suite 200, Cherry Hill, NJ 08034-2634 Phone: 856/857-9700 Fax: 856/857-1600 [www.napnap.org](http://www.napnap.org)

## SUSTAINING MEMBERSHIP APPLICATION

### Classic Level: \$1,000

- Access to NAPNAP's Membership Mailing List up to **2x/yr** (see website for pricing)
- Annual Listing with link and subscription: NAPNAP's website and in the *Journal of Pediatric Health Care* (JPHC)
- Certificate
- Exclusive sponsorship opportunities
- Free color for the first placement of a first time JPHC ad (A \$1,130 value!)
- **One** additional point in NAPNAP's Exhibit Hall point system for determining booth locations at our Annual Conference
- Special Signage at our Annual Conference
- Free 30-day banner ad on NAPNAP's Career Connection

### Enhanced Level: \$3,000 – All benefits of the Classic Level membership, plus these upgraded benefits:

- Access to NAPNAP's Mailing List up to **4x/yr**
- **Three** additional points in NAPNAP's Exhibit Hall point system that determines booth locations
- Free 1/4 page ad in the *Journal of Pediatric Health Care* with three-issue same ad commitment
- One individual membership for a professional employed by your organization (does not include membership to NAPNAP's Special Interest Groups)

### Prestige Level: \$10,000 - All benefits of the Enhanced Level membership, plus these upgraded benefits:

- **Five** additional points in NAPNAP's Exhibit Hall point system that determines booth locations
- **Free REPEAT** ad in the *Journal of Pediatric Health Care* with same ad/six-issue commitment

Plus these **exclusive** additional benefits:

- **Free** one time access to NAPNAP's Membership Mailing List
- **Free** 60-day banner ad on NAPNAP's Career Connection
- Opportunities to make presentations at NAPNAP Executive Board Meeting
- Up to three individual memberships for professionals employed by your organization (does not include membership to NAPNAP's Special Interest Groups)

### Contact Information:

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Address: \_\_\_\_\_

City

State

Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

(See Back for Payment Information)

NAPNAP estimates that the nondeductible portion of your dues for January 1, 2012 through December 31, 2012 allocable to lobbying is 10%.

Revised: 4/2012 jam

**Payment Information:**

I would like to pay by:

**CHECK**

Check #: \_\_\_\_\_ Desired Level: \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_

*(Please make checks payable to the National Association of Pediatric Nurse Practitioners)*

**CREDIT CARD**

Circle One

( Visa / MC / AmEx ) Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Security Code: (3 or 4 digits on back of card): \_\_\_\_\_

Desired Level: \_\_\_\_\_ Charge this Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

**Please send to:**

NAPNAP

20 Brace Road; Suite 200

Cherry Hill, NJ 08034

(P) 856-857-9700 / (F) 856-857-1600

Email: [jmarinelli@napnap.org](mailto:jmarinelli@napnap.org)