



**National Association of Pediatric Nurse Practitioners**  
 5 Hanover Square, Suite 1401, New York, NY 10004  
 Fax Completed Application to +1 212 785 1713  
 Save Time – Apply Online at [napnap.org](http://napnap.org)

FIRST NAME (PLEASE PRINT) M.I. LAST NAME CREDENTIALS

MAILING ADDRESS

CITY STATE COUNTRY ZIP CODE

TELEPHONE NUMBER EMAIL ADDRESS

MEMBER ID

**MEMBERSHIP TYPE: Check at least one. For membership descriptions see reverse side.**

- |   |  |  |
|---|--|--|
| <b>Preferred:</b><br><input type="checkbox"/> ACTIVE (\$195) <input type="checkbox"/> ASSOCIATE (\$195) | <b>Career Starter:</b><br><input type="checkbox"/> DOCTORAL STUDENT (\$105) <input type="checkbox"/> STUDENT (\$105) <input type="checkbox"/> NEW GRAD (\$105) | <b>Retiree:</b><br><input type="checkbox"/> RETIREE (\$85) |
|---|--|--|

**Chapter Membership (Check One) Your dues include membership in one chapter.**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Alabama            | <input type="checkbox"/> Hawaii              | <input type="checkbox"/> North Carolina      | <input type="checkbox"/> TN: Music City         |
| <input type="checkbox"/> Arizona            | <input type="checkbox"/> Illinois            | <input type="checkbox"/> NE: Midwest         | <input type="checkbox"/> TN: Blues City         |
| <input type="checkbox"/> Arkansas           | <input type="checkbox"/> Indiana             | <input type="checkbox"/> New Jersey          | <input type="checkbox"/> TX: Austin             |
| <input type="checkbox"/> CA: Los Angeles    | <input type="checkbox"/> Iowa                | <input type="checkbox"/> NY: Greater         | <input type="checkbox"/> TX: Greater            |
| <input type="checkbox"/> CA: Orange County  | <input type="checkbox"/> Kentucky            | <input type="checkbox"/> NY: Long Island     | <input type="checkbox"/> TX: Houston            |
| <input type="checkbox"/> CA: San Diego      | <input type="checkbox"/> Massachusetts       | <input type="checkbox"/> NY: Upstate         | <input type="checkbox"/> TX: South Alamo        |
| <input type="checkbox"/> CA: San Francisco  | <input type="checkbox"/> Maryland Chesapeake | <input type="checkbox"/> NY: Western         | <input type="checkbox"/> Utah                   |
| <input type="checkbox"/> CA: San Joaquin    | <input type="checkbox"/> Michigan            | <input type="checkbox"/> Ohio                | <input type="checkbox"/> VA: Hampton Roads      |
| <input type="checkbox"/> CO: Rocky Mountain | <input type="checkbox"/> Minnesota           | <input type="checkbox"/> Oklahoma            | <input type="checkbox"/> Virginia               |
| <input type="checkbox"/> Connecticut        | <input type="checkbox"/> MO: Greater Kansas  | <input type="checkbox"/> Oregon              | <input type="checkbox"/> Washington State       |
| <input type="checkbox"/> FL: Gulf Coast     | <input type="checkbox"/> MO: St. Louis       | <input type="checkbox"/> PA: Delaware Valley | <input type="checkbox"/> Wisconsin              |
| <input type="checkbox"/> Florida            | <input type="checkbox"/> NC: Charlotte       | <input type="checkbox"/> PA: Three Rivers    | <input type="checkbox"/> No Chapter Affiliation |
| <input type="checkbox"/> eChapter           |  | <input type="checkbox"/> South Carolina      |   |
| <input type="checkbox"/> Georgia            |  |  |   |

- Essentials (Chapter not included):**  ACTIVE (\$165)  ASSOCIATE (\$165)

**SPECIAL INTEREST GROUPS (OPTIONAL): Please visit [napnap.org](http://napnap.org) for additional information about each SIG.**

Please choose which SIG(s) you want to join and add \$30 per SIG to your dues total.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Acute Care PNP                 | <input type="checkbox"/> Children and Youth with Special Health Care Needs | <input type="checkbox"/> Newborn                   |
| <input type="checkbox"/> Adolescent Health Care         | <input type="checkbox"/> Children in Disasters                             | <input type="checkbox"/> Pediatric Emergency Care  |
| <input type="checkbox"/> Asthma and Allergy             | <input type="checkbox"/> Developmental, Behavioral & Mental Health         | <input type="checkbox"/> Pediatric General Surgery |
| <input type="checkbox"/> Breastfeeding Education        | <input type="checkbox"/> Global Health Care                                | <input type="checkbox"/> Pediatric Orthopedic      |
| <input type="checkbox"/> Childhood Obesity              | <input type="checkbox"/> Immunization                                      | <input type="checkbox"/> Pediatric Palliative Care |
| <input type="checkbox"/> Child Maltreatment and Neglect | <input type="checkbox"/> Integrative Health                                | <input type="checkbox"/> School Based Health Care  |
|   | <input type="checkbox"/> Newborn   |  |

CHECK ENCLOSED Mail application and check to: NAPNAP, 5 Hanover Square, Suite 1401, New York, NY 10004

CHARGE MY  MasterCard  VISA  American Express

TOTAL \_\_\_\_\_

NAME (AS IT APPEARS ON CARD) SIGNATURE OF CARDHOLDER

CREDIT CARD NUMBER SECURITY CODE (3-4 DIGITS) EXPIRATION DATE



**NAPNAP MEMBERSHIP APPLICATION**  
Complete your membership application online at [napnap.org](http://napnap.org)

**PREFERRED: ACTIVE/ASSOCIATE MEMBERSHIP**

**\$195 PER YEAR**

**Active:** APRNs who provide health care for children and who have obtained or are eligible for national board certification as an APRN; RNs who have completed a course which follows the ANA-AAP 1971 Guidelines on Short-Term CE Programs preparing the PNP; RNs who are practicing PNPs and were educated prior to the 1971 guidelines. Full rights of membership.

**Associate:** People interested in fostering the objectives of the association, including RNs. They shall not have the right to vote or hold office, but can serve on committees and join SIGs.

**ESSENTIALS: ACTIVE/ASSOCIATE MEMBERSHIP**

**\$165 PER YEAR**

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**Associate:** People interested in fostering the objectives of the association, including RNs. They shall not have the right to vote or hold office, but can serve on committees and join SIGs. **Not eligible for chapter membership, conference/symposia registration discounts and access to Contemporary Pediatrics.**

**CAREER STARTER: STUDENT/DOCTORAL/NEW GRAD MEMBERSHIP**

**\$105 PER YEAR**

**Student:** Registered nurses currently enrolled in an approved APRN program; limited to three years. Full rights of membership.

**Doctoral:** APRNs, already eligible for active NAPNAP membership, currently enrolled in any doctoral program; limited to two years. Full rights of membership.

**New Grad:** APRNs in their first year following the completion of their APRN program; limited to one year. Full rights of membership.

**RETIREE: RETIREE MEMBERSHIP**

**\$85 PER YEAR**

**Retiree:** APRNs retired from practice/employment and 62 years or older.

*Did a NAPNAP member refer you to membership? If so, please fill out the name or member ID below. PLEASE*

*NOTE: Essential membership is not eligible for the Connect and Recruit campaign.*

NAPNAP REFERRAL NAME

MEMBER ID (IF AVAILABLE)

ARE YOU A STUDENT? PLEASE LIST THE UNIVERSITY YOU ARE AFFILIATED WITH

SIGNATURE OF APPLICANT

DATE

By signing, I confirm that I have read and understand the requirements for membership as stated above. I certify that I am eligible for the class of membership I have applied for and hereby apply for membership in NAPNAP.

A portion of annual dues (\$9.00) is applied as a subscription to the *Journal of Pediatric Health Care*. NAPNAP estimates that the nondeductible portion of your dues for January 1, 2019 to December 31, 2019 allocable to lobbying is 15%. Check with your local chapter to determine if additional amount of your dues are non-deductible due to state lobbying activities.

**Membership dues must accompany membership application.**