

# SIG New Member Application

Please visit [napnap.org/special-interest-groups](http://napnap.org/special-interest-groups) for additional information about each SIG.



**Broaden** your Experience **Expand** your Network

NAPNAP Special Interest Groups  
are your link to best practice resources and  
members in your specialty area.

Join us!

NAME \_\_\_\_\_ CREDENTIALS \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_ MEMBER ID \_\_\_\_\_

**Please choose which SIG(s) you want to join:**

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

By signing, I confirm that I have read and understand the requirements for SIG Membership.

Signature of Applicant \_\_\_\_\_

Mail Application to: NAPNAP, 5 Hanover Square, Suite 1401, New York, NY 10004  
Telephone Number: (877) 662-7627