



NAPNAP MEMBERSHIP RENEWAL: Please review the charges on the reverse side and fill out your payment information below.

Please review your information and make any corrections or additions before returning this form with your dues payment for the next year. Membership dues are paid annually and run from the month you joined. If you wish to change your membership type please select one of the following:

PREFERRED (Chapter membership included):

- ACTIVE (APRNs) (\$225)
- ASSOCIATE (none APRNs) (\$225)

RETIREE (must be 62 or older):

- RETIREE (\$125)

ESSENTIALS (Does not include chapter membership):

- ACTIVE (\$200)
- ASSOCIATE (\$200)

CAREER STARTER (Chapter membership included):

- STUDENT (\$115):
- DOCTORAL STUDENT (\$115)
- NEW GRAD, first year after graduation (\$115)

Am I an Active or Associate Member?

Active:

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:

Associate Professionals 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.

ADDITIONAL CHAPTER MEMBERSHIP (OPTIONAL): You may join more than one chapter for an additional fee. Rates per additional chapter are: Preferred \$52, Career Starter \$35, Retirees \$30.

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

SPECIAL INTEREST GROUPS (OPTIONAL): Please include \$30 additional per SIG to your dues total.

- Acute Care PNP
- Adolescent Health Care
- Asthma and Allergy
- Breastfeeding Education
- Childhood Obesity
- Childhood Maltreatment and Neglect

- Children and Youth with Special Health Care Needs
- Children in Disasters
- Dermatology
- Developmental, Behavioral & Mental Health
- Global Health Care
- Immunization

- Integrative Health
- Newborn
- Pediatric Emergency Care
- Pediatric Orthopedic
- Pediatric Palliative Care
- School Based Health Care

PAYMENT DETAILS:

Required NAPNAP Dues

Membership dues (excluding Essentials membership) include one chapter membership. You may join more than one chapter for an additional fee per chapter as noted above.

Membership Subtotal \$ _____

SIG Membership (\$30 per SIG) \$ _____

Additional Chapter Fee: \$ _____

MEMBERSHIP TOTAL \$ _____

TOTAL ENCLOSED \$ _____

Donation to NAPNAP Foundation

General: \$25 Other \$ _____

Research: \$25 Other \$ _____

Scholarships: \$25 Other \$ _____

DONATION TOTAL \$ _____

My NAPNAP colleague referred me. Name is: _____

Please send all checks to: NAPNAP, 5 Hanover Square, Suite 1401, New York, NY 10004

NAME (AS IT APPEARS ON CARD) SIGNATURE OF CARDHOLDER

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

APPLICATION CONFIRMATION:

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.

SIGNATURE OF APPLICANT DATE

*Prices subject to change

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, 2022, to December 31, 2022, 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.