



MEMBERSHIP APPLICATION

Please provide your e-mail address so GAPNA can send you its E-News and other valuable membership benefits.

Name _____

Credentials _____

Home Address _____

City _____ St _____ Zip _____

Employer _____

Work Address _____

City _____ St _____ Zip _____

Preferred Mailing Address Home Work

E-mail _____

Alt E-mail _____

Home Phone _____

Work Phone _____

Preferred Phone Home (includes personal Cell)

Work (includes business Cell)

Date of Birth ____/____/____

MEMBER GET A MEMBER REFERRAL

Referred by: _____

MEMBERSHIP DUES

Membership dues are not tax deductible as a charitable contribution. They may be deductible as an ordinary and necessary business expense. Consult your tax advisor for information.

| <u>Member Category (check one)</u> | <u>1 year</u> | <u>2 year</u> | <u>3 year</u> |
|---|---------------|---------------|---------------|
| <input type="checkbox"/> Regular (advanced practice nurse) | \$100.00 | \$190.00 | \$285.00 |
| <input type="checkbox"/> Associate (interest in GAPNA) | \$100.00 | \$190.00 | \$285.00 |
| <input type="checkbox"/> Retired (advanced practice nurse) | \$ 75.00 | N/A | N/A |
| <input type="checkbox"/> Student | \$ 60.00 | N/A | N/A |

Please indicate you GAPNA membership status:

- I am a new member
 I am a current member and want to renew my membership
 I am a previous member and want to rejoin

Do you wish to make a donation to the Kathy Fletcher Archiving Fund? All proceeds will assist with archiving GAPNA's history for future reference. (Indicate amount in payment section)

PAYMENT

Membership Dues \$ _____
 Donation to the Historical Committee \$ _____
Total Amount \$ _____

CHECK PAYMENT

Check is enclosed (payable in US Funds to GAPNA)

CREDIT CARD PAYMENT

Charge my VISA MasterCard Discover American Express
 Amount \$ _____

Account # _____

Security Code _____ Expiration Date _____

Name on Card _____

Billing Address _____ Billing Address _____
 Street Number _____ Zip Code _____

Signature _____

CHAPTER MEMBERSHIP

If you currently belong to a GAPNA chapter or wish to be affiliated with a chapter, please check your chapter choice →

If there is no chapter in your area and you would like information on starting a chapter, please visit www.GAPNA.org

GAPNA CHAPTERS

- | | |
|--|---|
| Northeast | North Central |
| <input type="checkbox"/> 101 Baltimore MD | <input type="checkbox"/> 301 Chicagoland IL |
| <input type="checkbox"/> 102 Delaware Valley | <input type="checkbox"/> 302 Great Lakes MI |
| <input type="checkbox"/> 103 New England | <input type="checkbox"/> 303 Ohio |
| <input type="checkbox"/> 104 Liberty PA | <input type="checkbox"/> 304 Southeast WI |
| <input type="checkbox"/> 105 NY State & North NJ | <input type="checkbox"/> 305 Heartland |
| Southeast | West |
| <input type="checkbox"/> 201 Atlanta GA Area | <input type="checkbox"/> 401 Sonoran (AZ) |
| <input type="checkbox"/> 203 North Carolina | <input type="checkbox"/> 402 Northern CA |
| <input type="checkbox"/> 204 Middle TN | <input type="checkbox"/> 403 Southern CA |
| <input type="checkbox"/> 205 Mid South TN | <input type="checkbox"/> 404 Seattle |
| <input type="checkbox"/> 206 Florida | |
| <input type="checkbox"/> 207 Gulf Coast TX | |
| <input type="checkbox"/> 208 Florida Gulf Coast | |
| <input type="checkbox"/> 211 Central Virginia | |

GAPNA PROFILE / SURVEY QUESTIONS

PLEASE CIRCLE YOUR ANSWER FOR EACH QUESTION in the membership profile/survey below. Your individual professional and practice background information is utilized by GAPNA to create programs and services to meet your specific needs.

1. LEVEL OF EDUCATION

- 1 Masters in Nursing
- 2 Masters other
- 3 PhD
- 4 DNP
- 5 EdD
- 6 DNS
- 7 Certificate
- z Other

2. YEARS AS AN APRN

- 1 Less than 1 year
- 2 1-5 years
- 3 6-10 years
- 4 11-15 years
- 5 16-20 years
- 6 More than 20 years
- 7 Does not apply (currently not an APRN)

3. ROLE FOCUS

Enter approximate % of time you spend in each Role:

- | | Percent |
|-----------------------|---------|
| 1 Direct Care | _____ |
| 2 Administration/Mgmt | _____ |
| 3 Education | _____ |
| 4 Research | _____ |
| 5 Consultation | _____ |

4. PRACTICE SETTING

Enter approximate % of time you spend in each Setting:

- | | Percent |
|--|---------|
| 1 LTC/Skilled Nrsng Facility/ Assisted Living | _____ |
| 2 Outpt/Ambulatory Care | _____ |
| 3 Acute Care | _____ |
| 4 Academia | _____ |
| 5 Home-based Primary Care | _____ |

5. APRN CERTIFICATION (NP)

If you are a Nurse Practitioner, select your area(s) of Current APRN Certification:

- 1 Gerontological
- 2 Adult
- 3 Adult/Gerontological
- 4 Acute Care
- 5 Psych and Mental Health
- 6 Family
- z Other

6. APRN CERTIFICATION (CNS)

If you are a Clinical Nurse Specialist, circle your area(s) of Current APRN Certification:

- 1 Gerontological
- 2 Adult Health
- 3 Psych and Mental Health
- 4 Home Health
- 5 Public/Community Health
- z Other

7. OTHER APRN CERTIFICATIONS

- 1 Certified Registered Nurse Anesthetist
- 2 Certified Nurse Midwife
- 3 Both

8. ADDITIONAL SPECIALTY CERTIFICATIONS

- 1 Hospice/Palliative Care/Pain Management
- 2 Diabetes Management, Advanced
- 3 Wound Care or Wound/Ostomy Care
- z Other

9. Do You Have Prescriptive Authority?

- 1 Yes
- 2 No

10. Can You Prescribe Schedule II Medications?

- 1 Yes
- 2 No

11. Can You Prescribe Schedule III-V Medications?

- 1 Yes
- 2 No

12. What is your level of influence in making industry purchases?

- 1 Very Low
- 2 Low
- 3 Moderate
- 4 High
- 5 Very High

13. PRIMARY AREA OF CLINICAL EXPERTISE (circle one)

- Complementary Alternative Medicine
- Cardiovascular
- Dermatology
- Diabetes/Endocrine
- End of Life
- Gastrointestinal
- Genitourinary
- Hematology/Oncology
- Infectious Disease
- Musculoskeletal
- Neurological
- Pain Management
- Procedures
- Psychiatric
- Pulmonology
- Women's Health

14. SECONDARY AREA OF CLINICAL EXPERTISE (circle one)

- Complementary Alternative Medicine
- Cardiovascular
- Dermatology
- Diabetes/Endocrine
- End of Life
- Gastrointestinal
- Genitourinary
- Hematology/Oncology
- Infectious Disease
- Musculoskeletal
- Neurological
- Pain Management
- Procedures
- Psychiatric
- Pulmonology
- Women's Health

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