



The Nurse Practitioner Association

New York State

NEW MEMBER APPLICATION

Welcome to The NPA!

We are your continuous voice in government and industry. Plus, you can begin immediately enjoying the benefits of networking, education, chapter affiliation, and a subscription to a valuable professional publication.

You'll Receive These Valuable Benefits

Your membership with The NPA will include a subscription to our quarterly publication The Communiqué, 'Members Only' access to our website, practice issue assistance as needed and discounted costs at our annual convention. For a complete listing of membership benefits, or to join online, please visit our website: www.TheNPA.org

Check out your nearest chapter

Your membership includes the benefit of belonging to a local chapter, where you can take advantage of numerous educational and informational Opportunities. Please select your primary chapter affiliate from the list below.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Adirondack | <input type="checkbox"/> Greater Newburgh | <input type="checkbox"/> Long Island | <input type="checkbox"/> Staten Island |
| <input type="checkbox"/> Brooklyn/Queens | <input type="checkbox"/> Greater Rochester | <input type="checkbox"/> Lower Hudson Valley | <input type="checkbox"/> Susquehanna |
| <input type="checkbox"/> Capital | <input type="checkbox"/> Hudson Valley | <input type="checkbox"/> Manhattan/Bronx | <input type="checkbox"/> Syracuse |
| <input type="checkbox"/> Chautauqua/Cattaraugus | <input type="checkbox"/> Lake Ontario | <input type="checkbox"/> Mohawk Valley | <input type="checkbox"/> Thousand Islands |
| <input type="checkbox"/> Finger Lakes | <input type="checkbox"/> Leatherstocking/Catskills | <input type="checkbox"/> Saratoga/Warren | <input type="checkbox"/> Tompkins/Cortland |
| | | | <input type="checkbox"/> Western New York |

Please Print:

Credentials: _____

Name: _____ Employer: _____

Home Address: _____ Work Address: _____

City, State: _____ Zip: _____ City, State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Fax: _____

Referred by (Member's Name): _____

Membership Categories and Fees (Please check appropriate box)

- Active 1-year \$200.00 Eligible for certification or certified NP in NYS
- Active 2-year \$360.00 Eligible for active members, with certification or certified NP in NYS **\$40 Savings!**
- Associate \$75.00 Individual who is not an NP, pending Board approval
- Student \$65.00 Enrolled in approved NP program, not certified as an NP (Copy of Student ID Required)
- Retired \$65.00 Retired Nurse Practitioner

Payment Method

- Check or Money Order Enclosed (Made payable to: The NPA)
- Credit Card: American Express Discover MasterCard Visa

Total Membership Dues Enclosed:

\$ _____

Credit Card # _____ Exp. Date: _____ CVV Code (On Back of Card): _____

Applicant Signature: _____ Date: _____ / _____ / _____

Please tell us how you heard about us (please choose only one item):

STATE LEVEL

- Mailing
- E-Mail
- Phone
- Website
- Annual Convention
- Regional Conference

CHAPTER LEVEL

- Mailing
- E-Mail
- Website
- Phone
- Chapter Meeting
- Event

OTHER

- Colleague
- Place of Employment
- State Education Department
- NP School (please specify): _____

Please complete the important information on reverse side.

Please mail completed application to: The Nurse Practitioner Association NYS, 12 Corporate Drive, Clifton Park, NY 12065 **OR** Fax to: 518-348-0720
Pursuant to Federal Law, we are required to inform you that 30% of your dues may be used for lobbying & related expenses, which are not tax deductible. Political Action Committee (PAC) contributions are not tax deductible.

1. NYS CERTIFICATION SPECIALTY

- | | | |
|---|---|--|
| <input type="checkbox"/> Acute Care | <input type="checkbox"/> School Health | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> College Health | <input type="checkbox"/> Adult Health | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Family Health | <input type="checkbox"/> Community Health | <input type="checkbox"/> Obstetrics & Gynecology |
| <input type="checkbox"/> Holistic Nursing | <input type="checkbox"/> Gerontology | <input type="checkbox"/> Neonatology |
| <input type="checkbox"/> Palliative Care | <input type="checkbox"/> Oncology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Perinatology | <input type="checkbox"/> Pediatrics | |

2. CREDENTIALS

- | | | |
|-------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> FNP | <input type="checkbox"/> WHNP | <input type="checkbox"/> CNP |
| <input type="checkbox"/> ANP | <input type="checkbox"/> CPNP | <input type="checkbox"/> WHCNP |
| <input type="checkbox"/> PNP | <input type="checkbox"/> NNP | <input type="checkbox"/> Other |
| <input type="checkbox"/> GNP | <input type="checkbox"/> SNP | |
| <input type="checkbox"/> OGNP | <input type="checkbox"/> NPP | |

3. POSITION

- | | | |
|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Clinician | <input type="checkbox"/> Administrator/Nurse Manager | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Staff Nurse | <input type="checkbox"/> Faculty | <input type="checkbox"/> Other |

4. PRACTICE SETTING

- | | | |
|---|--|---|
| <input type="checkbox"/> Nursing School, College/University | <input type="checkbox"/> Community/Public Health | <input type="checkbox"/> HMO |
| <input type="checkbox"/> Acute Care (Hospital Inpatient) | <input type="checkbox"/> Industry | <input type="checkbox"/> Emergency/Urgent Care |
| <input type="checkbox"/> Hospital-Based Clinic | <input type="checkbox"/> Private Practice | <input type="checkbox"/> Rehabilitation/Urgent Care |
| <input type="checkbox"/> School (K-12) | <input type="checkbox"/> Child Care | <input type="checkbox"/> Other |

5. ANNUAL SALARY

- | | | |
|--|--|--|
| <input type="checkbox"/> < \$20,000 | <input type="checkbox"/> \$40,001-\$50,000 | <input type="checkbox"/> \$70,001-\$80,000 |
| <input type="checkbox"/> \$20,001-\$30,000 | <input type="checkbox"/> \$50,001-\$60,000 | <input type="checkbox"/> > \$80,000 |
| <input type="checkbox"/> \$30,001-\$40,000 | <input type="checkbox"/> \$60,001-\$70,000 | |

6. EDUCATION

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Doctorate | <input type="checkbox"/> BSN | <input type="checkbox"/> NP Certificate Program
(1971-1992) |
| <input type="checkbox"/> MSN | <input type="checkbox"/> BS | <input type="checkbox"/> Other |
| <input type="checkbox"/> MS | <input type="checkbox"/> Post-Masters Certificate | |

7. WOULD YOU BE WILLING TO VOLUNTEER?

- Yes
 No
 Please Contact me, I need more information

8. VOLUNTEER CATEGORY

- Membership
 Conference/Convention
 Grassroots Lobbying
 Other

9. WORK STATUS

- Full Time
 Part Time
 Per Diem
 Retired
 Student

10. DUES ARE PAID BY

- My Employer
 Myself
 Shared with Employer

11. NATIONAL Cert.

- NCC
 NAPNAP
 ANCC
 AANP
 Other

12. AREA OF PRACTICE

Example: Cardiology, Gastroenterology

13. DATE OF BIRTH

____ / ____ / ____

14. GENDER

- Female
 Male

15. OTHER PROFESSIONAL MEMBERSHIPS

- NYSNA
 ACNP
 AANP
 Sigma Theta Tau
 Other

16. SCHOOL ATTENDED FOR NP
