



The Nurse Practitioner Association New York State

12 Corporate Drive, Clifton Park, NY 12065
Phone: 518-348-0719 Fax: 518-348-0720
E-mail: info@theNPA.org Web Site: www.theNPA.org

New Membership Application

Welcome to the NPA!

We serve the interests of nurse practitioners and we are your continuous voice in government and industry. You can immediately enjoy the benefits of your local chapter affiliation, receive timely industry news and access our website for information and resources.

You'll Receive These Valuable Benefits

Your NPA membership includes practice issue assistance, NP and student resource guides in the "Members Only" section of our website and a discount at our annual educational conference. To learn more about your member benefits, 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 and networking. Please select your primary chapter affiliate from the list below.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Adirondack | <input type="checkbox"/> Finger Lakes | <input type="checkbox"/> Long Island | <input type="checkbox"/> Staten Island |
| <input type="checkbox"/> Brooklyn/Queens | <input type="checkbox"/> Greater Newburgh | <input type="checkbox"/> Lower Hudson Valley | <input type="checkbox"/> Susquehanna |
| <input type="checkbox"/> Capital | <input type="checkbox"/> Greater Rochester | <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"/> Dutchess/Ulster | <input type="checkbox"/> Leatherstocking/Catskills | <input type="checkbox"/> Saratoga/Warren | <input type="checkbox"/> Tompkins/Cortland |
| | | | <input type="checkbox"/> Western New York |

Please Print:

Name: _____	Credentials: _____
Home Address: _____	Employer: _____
City, State: _____ Zip: _____	Work Address: _____
Home Phone: _____	City, State: _____ Zip: _____
Cell Phone: _____	Work Phone: _____
Email Address: _____	Alt. Work Phone: _____
	Fax: _____

If you would like your name listed in the following online NPA program directories, please select all that apply:

- NP Finder Program – (consumers who are searching for the services of a Nurse Practitioner may contact you)
- NP Preceptor Program – (current NP members who are searching for a preceptor may utilize your services)
- NP Mentor Program – (current NP members who are searching for a mentor may utilize your services)

Membership Categories and Fees (Please check appropriate box)

- Active 1-year \$180.00 Eligible for licensure or licensed NP in NYS **\$20.00 Savings off the regular dues rate!**
- Active 2-year \$320.00 Eligible for licensure or licensed NP in NYS **\$40.00 Savings off the regular dues rate!**
- Affiliate \$45.00 Individual who is not an NP, pending Board approval
- Student \$65.00 Enrolled in approved NP program, not licensed as an NP : (Student ID required) **Expected graduation date:** _____
- 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: \$ _____
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Credit Card # _____ Exp. Date: _____ Security Code (On Back of Card): _____

Applicant Signature: _____ Date: _____ / _____ / _____

**Please mail your completed application to:
The Nurse Practitioner Association NYS, 12 Corporate Drive, Clifton Park, NY 12065 OR Fax to: 518-348-0720**

Note: Pursuant to Federal Law, we are required to inform you that 20% 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. HOW DID YOU HEAR ABOUT THE NPA?

STATE LEVEL

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

CHAPTER LEVEL

- Chapter Meeting
- E-Mail
- Event/Teaching Day
- Mailing
- Phone
- Website

OTHER

- Colleague
- Place of Employment
- State Education Department
- NP School Administration
- NP School Presentation
- NP School Faculty (please list below)

Name of faculty member: _____

2. WOULD YOU BE WILLING TO VOLUNTEER?

- Yes
- No
- Please Contact me, I need more information

3. VOLUNTEER CATEGORY

- Education/Convention
- Government Relations
- Membership
- Practice Assistance
- Public Relations
- Research

4. GENDER - Female Male

5. EMPLOYMENT TYPE

- Full Time
- Part Time
- Per Diem
- Retired
- Student

6. DUES ARE PAID BY

- My Employer
- Myself
- Shared with Employer

7. 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"/> \$80,001-\$90,000 |
| <input type="checkbox"/> \$30,001-\$40,000 | <input type="checkbox"/> \$60,001-\$70,000 | <input type="checkbox"/> \$90,001-\$100,000 |
| | | <input type="checkbox"/> >\$100,001 |

8. EDUCATION

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

9. UNIVERSITY GRADUATED FROM (or currently attending):

10. DATE OF BIRTH - ____/____/____

11. POSITION

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Administrator/Nurse Manager | <input type="checkbox"/> Faculty | <input type="checkbox"/> Staff Nurse |
| <input type="checkbox"/> Clinician | <input type="checkbox"/> Owner – other | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Owner of NP Practice | |

12. PRACTICE SETTING

- | | | |
|--|---|---|
| <input type="checkbox"/> Acute Care Hospital Inpatient | <input type="checkbox"/> Home Care | <input type="checkbox"/> Pvt. Practice – MD owned |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Hospital Based Clinic | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Clinical - other | <input type="checkbox"/> Industry | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Community/Public Health | <input type="checkbox"/> Long Term Care | <input type="checkbox"/> School Health – College |
| <input type="checkbox"/> Emergency/Urgent Care | <input type="checkbox"/> Mental Health | <input type="checkbox"/> School Health – K - 12 |
| <input type="checkbox"/> HMO | <input type="checkbox"/> Pvt. Practice - NP Owned | <input type="checkbox"/> Other _____ |

13. AREA OF PRACTICE (ex. cardiology, gastroenterology):

14. NYS CERTIFICATION SPECIALTY

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

15. NATIONAL CERTIFICATION

- NCC
- NAPNAP
- ANCC
- AANP
- Other _____

16. OTHER PROFESSIONAL MEMBERSHIPS

- NYSNA
- ACNP
- AANP
- Sigma Theta Tau
- Other _____