



# Group Membership Application

www.aanp.org

## Group Information

Group Type:    National    State    Local

Group Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_

New Group Member                       Renewal    Member Number \_\_\_\_\_

Number of Nurse Practitioner Members:    Individuals \_\_\_\_\_    Chapters/Groups \_\_\_\_\_

Month of Officer Elections \_\_\_\_\_

Term of Officers \_\_\_\_\_

Conference/Meeting Dates \_\_\_\_\_

## Primary Contact Information

*primary contact information will be publicly available in AANP online Group Member Directory*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Referred By: \_\_\_\_\_

## Group Member Categories and Fees

Group Size (NP members)	Annual Dues
Less than 100	\$185
100 - 249	\$200
250 - 499	\$225
500 - 999	\$250
1,000 - 3,000	\$300
More than 3,000	\$400

### AANP Group Members enjoy:

- \* Discounts on AANP full membership
- \* CE fee waivers
- \* Mailing labels
- \* Practice and legislative consultation
- \* Enhanced networking opportunities
- \* Partnership opportunities

For a complete list of Group Member benefits, please visit the [www.aanp.org](http://www.aanp.org) Member Center.

Enclosed is my check or money order payable to American Academy of Nurse Practitioners

Please charge my credit card                       Visa     Mastercard     American Express

Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder name: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return to [membership@aanp.org](mailto:membership@aanp.org)

ph: 512-442-4262 ext. 5242

fax: 512-442-6469



# Group Membership Application

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## Group Officer Contact Information

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Executive Staff  Volunteer  Board Member Are you an NP?  Yes  No

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Executive Staff  Volunteer  Board Member Are you an NP?  Yes  No

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Executive Staff  Volunteer  Board Member Are you an NP?  Yes  No

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Executive Staff  Volunteer  Board Member Are you an NP?  Yes  No

## Newsletter/Publication Information

Editor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Publication Schedule \_\_\_\_\_ Do you accept outside articles, information or advertising? \_\_\_\_\_

## Legislative Liaison

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_