

AMERICAN ACADEMY OF NURSE PRACTITIONERS

GROUP MEMBERSHIP APPLICATION

- ✓ Group member benefits and dues information can be found in the Group Member section located under AANP/Membership at www.aanp.org.
- ✓ Use your Visa, MasterCard or AMEX. Personal or corporate checks should be made payable to AANP.
- ✓ To complete, please **download and print application**. Application may not be completed online.
- ✓ Payment and mailing information available at bottom of page.
- ✓ **Special Offer:** Members of your group who are AANP full members are entitled to a \$10 discount off their AANP annual membership dues.

Please print New Renew / Former - Member # _____

Group Name: _____

Address: _____

Street

City

State

Zip Code

Phone: _____ Fax: _____ Website: _____

Primary Contact Name: _____

Title: _____

Address: _____

Street

City

State

Zip Code

Phone: _____ Email: _____

of nurse practitioner members: Individuals _____ Chapters/Groups _____

Month of Officer Elections: _____ Term of Officers: _____

Conference/Meeting Dates: _____

Forward application & payment to: **AMERICAN ACADEMY OF NURSE PRACTITIONERS**
NATIONAL ADMINISTRATIVE OFFICE • PO BOX 12846 • AUSTIN, TX 78711

Enclosed is a check in the amount of \$_____ made payable to: American Academy of Nurse Practitioners
(Dues are based on number of NP members in group and can be found in Group Member section under Membership at www.aanp.org)

Please charge to my credit card: Visa MasterCard American Express

Card#: _____ Expiration Date: _____

Cardholder Name: _____ Signature: _____

If paying by credit card, you may fax application to the Academy at (512) 442-6469

Please complete information on the following page

Group Officer Contact Information

Name of Group: _____

Name: _____ Title: _____

Address: _____
Street City State Zip Code

Phone: _____ Fax: _____ Email: _____

Name: _____ Title: _____

Address: _____
Street City State Zip Code

Phone: _____ Fax: _____ Email: _____

Name: _____ Title: _____

Address: _____
Street City State Zip Code

Phone: _____ Fax: _____ Email: _____

Name: _____ Title: _____

Address: _____
Street City State Zip Code

Phone: _____ Fax: _____ Email: _____

Newsletter/Publication Information

Editor: _____

Address: _____
Street City State Zip Code

Phone: _____ Fax: _____ Email: _____

Publication Schedule: _____ Do you accept outside articles/information? Y ___ N ___

Legislative Liaison

Name: _____

Address: _____
Street City State Zip Code

Phone: _____ Fax: _____ Email: _____