

APGNN Membership Application

Type of Membership

- **Full** - nursing professions (RN, APRN, LPN) working in GI full or part time, not Industry/Pharma
- **Associate** - non-nursing professions (PA, RD, Social Worker) working full or part time in GI, resident outside US/Canada, or anyone (including nursing professions) working in Industry/Pharma
- **Joint NAPNAP Membership** - Applicants who are members of NAPNAP will receive a 20% discount
- **Institution Group Payment** - Buy 3 get the 4th one free dues offer, this offer is available to both new and renewing members from the **same institution**. New Member Applications and Renewal Invoices for current members must be submitted together with a **single payment** from the institution in order to qualify.

Information

Name: _____ Gender _____ DOB: _____
Degree: _____ Email: _____
Employer: _____ Setting: _____
Work Address: _____ City: _____
State: _____ Zip Code: _____ Phone #: _____ Fax#: _____
Home Address: _____ City: _____
State: _____ Zip Code: _____ Phone #: _____
Preferred Mailing Address: Work Home
Years in GI Practice: _____ Today's Date: _____

Please select the APGNN committee(s) you are interested in:

- **Program** - planning of the annual APGNN conference content, topics, speakers
- **Research** - review grant applications, input on research projects
- **Pt/Family Education** - creation of patient education materials, multi-media format
- **Membership** - provide ideas for recruitment and retention, revise benefits, review award applications
- **Clinical Practice** - creation of nursing education modules, multi-media format
- **Media** - contribute articles/ideas to quarterly newsletter, facebook and twitter as well as keeping members informed of areas of concern, dates and deadlines

Payment:

Annual Dues - \$80 Full Membership / \$55 Associate Membership / \$64 Joint Membership

Optional (please check if you would like to include in your initial payment):

- Clinical Handbook** - \$10 for new members while supplies last
- Subscription to Journal of Pediatric Gastroenterology & Nutrition** - \$60.00.

PLEASE MAKE CHECKS PAYABLE TO **APGNN**

Credit Card: _____ Card #: _____
Exp Date: _____ Verification Code: _____
Name on Card: _____

Once application is completed send with payment to:

Donna Murphy, APGNN Membership Liaison
NASPGHAN
714 N. Bethlehem Pike, Suite 300
Ambler, PA 19002
Fax # 215-641-1995
Email: dmurphy@naspghan.org

Questions about membership please contact Bernadette Diez at bdiez@psvcare.org
