

# APGNN Membership Application 2018

## Type of Membership

- **Full** - nursing professions (RN, APRN, LPN) working in GI full or part time, not Industry/Pharma
- **Associate** - non-nursing professions (PA, 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 4<sup>th</sup> 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 and Quality Improvement** - 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

## Mentoring Program:

Are you interested in having a mentor?  Yes  No

If interested, please check our website APGNN.org for more information.

## 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
- 2016 Subscription to Journal of Pediatric Gastroenterology & Nutrition** - \$50.00.

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](mailto:dmurphy@naspghan.org)

Questions about membership please contact Bernadette Diez at [bdiez@psvcare.org](mailto:bdiez@psvcare.org)