

# APGNN Membership Application 2019

## Type of Membership

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- **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 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

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

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

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- 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

## Mentoring Program:

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**If you are interested in being a mentor to someone or having someone mentor you, please check the appropriate box and we will send you the application: Be a Mentor  or Have a Mentor**

## Payment:

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

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

- 2018 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:

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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)