

APGNN Membership Application 2019

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, Instagram, and twitter as well as keeping members informed of areas of concern, dates and deadlines

Mentoring Program:

Would you be interested in being a mentor or would you like to have a mentor to help you work on your professional or career goals?

Yes, I would like to be a Mentor No Yes, I would like to have a Mentor No

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):

- 2019 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:

Kim Rose, APGNN Membership Liaison

NASPGHAN

714 N. Bethlehem Pike, Suite 300, Ambler, PA 19002 Fax # 215-641-1995 Email: krose@naspghan.org

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