

APGNN Membership Application 2020

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, Psychologist, etc.) 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 memberships and get the 4th one free. 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:

Today's Date: _____

Name: _____ Degree/s: _____ Gender: _____ DOB: _____

Position (LPN, RN, NP, PA, MA, SW, Psych, Research, etc.): _____

Employer: _____ Setting: _____

Work Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax#: _____ Work Email: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____ (Gmail, Yahoo, AOL, Hotmail, etc.)

Preferred Mailing Address: Work Home

Years in GI Practice: _____ Areas of Interest: _____

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

- Program** – Planning of the annual APGNN conference content (topics, speaker recruitment, etc.)
- Research** – Review grant applications and input on research projects and initiatives
- Patient & Family Education** – Development of patient and family educational materials
- Membership** – Involved in recruitment and retention, revise benefits, review award applications
- Clinical Practice** – Development of nursing education modules in a multi-media format
- Media** – Contributes articles/ideas to quarterly newsletter and social media platforms, updating members to pertinent information (hot topics, deadlines) through these avenues

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 Yes, I would like to have a Mentor No

Payment:

Annual Dues - \$90 Full Membership / \$55 Associate Membership / \$72 Joint Membership

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

- \$ 65 Subscription to Journal of Pediatric Gastroenterology & Nutrition**
- \$ 10 Clinical Handbook for new members while supplies last. Use Promotional Code APGNN2020 at check out. If you purchase this book separately, the cost is \$30.**

PLEASE MAKE CHECKS PAYABLE TO **APGNN**

Credit Card: _____ Card #: _____

Exp. Date: _____ Verification Code: _____

Name on Card: _____

Once application is completed, send with payment to:

Gina Brown, APGNN Membership Liaison (gbrown@naspghan.org)

Mail: NASPGHAN 714 N. Bethlehem Pike, Suite 300, Ambler, PA 19002 Fax # 215-641-1995

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