

APGNN Membership 2023

You can renew your membership at www.naspghan.org or you can fill out this form. Please view your profile at www.naspghan.org and click on Member Center to update your demographic information and/or contact information. Use your username and password to access your account and update this important information.

Information:

Today's Date: _____

Name: _____ Update your Professional Title: _____

Personal Email: _____ (Gmail, Yahoo, AOL, Hotmail, etc.) Areas of Interest: _____

Credentials: RN, APRN, LPN, PA, RD, Medical Assistant, Social Worker, Psychologist, Pharma/Industry, Other: _____

Highest Level of Education: BSN, MSN, DNP, PhD, Associate, Baccalaureate, Master's, Doctorate, Other: _____

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

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

Payment:

Annual Dues - \$90 Full Membership / \$55 Associate Membership / \$72 Joint 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
- Joint Society of Pediatric Nurses Membership** – Applicants who are members of SPN 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.

Optional: Please check if you would like to include in your payment:

- € \$ 65 Subscription to Journal of Pediatric Gastroenterology & Nutrition
 - € \$ 30 for the Clinical Handbook for renewing members while supplies last.
- Additional copies \$30 each. #Books _____

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 Macy Carobene (mcaroben@montefiore.org)