

APGNN Membership Application 2025

Type of Membership

- Full** – Nursing and Allied professions (RN, APRN, LPN, PA) working in GI full or part time; not Industry/Pharma.
- Associate** – Non-nursing professions (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.

Information:

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

Position (LPN, RN, APRN, NP, PA, RD, MA, SW, Psych, Pharma/Industry, Research) other: _____

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.)

Years in GI Practice: _____ Preferred Mailing Address: € Work € Home

Areas of Interest: € General GI € Short bowel € Liver/Transplant € Celiac Disease € IBD € Motility

€ Procedures € Feeding/FTT € Functional € Allergic GI Other (please list) _____

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

- Membership** – Involved in recruitment and retention, revise benefits, review award applications
- Clinical Inquiry** – Review grant applications and input on research projects and initiatives
- Clinical Practice** – Development and maintenance of nursing education modules in including the GI Certificate Program
- Patient & Professional Education** – Development of patient & family educational materials as well as professional resources
- Program** – Planning of the annual APGNN conference content (topics, speaker recruitment, etc.)
- 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

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:

Lisa Clayton, APGNN Membership Liaison (lclayton@naspghan.org)

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

Questions about membership please contact Rhys David at rdavid@rchsd.org. Memberships are non-transferable

