

**SOUTH FLORIDA COUNCIL OF ADVANCED PRACTICE NURSES, INC.  
2009 MEMBERSHIP APPLICATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

I VERIFY THAT I AM AN ARNP AND I WOULD LIKE TO : (Circle below)

JOIN    RENEW    \$45/year FNA members    \$60/year Non-FNA members  
                         \$15/year STUDENT (ARNP)    \$10/meeting for non-members  
NEW GRAD—FIRST YEAR FREE ( MUST ENCLOSE PROOF OF GRADUATION)

FNA MEMBER # \_\_\_\_\_ (Used only for tracking purposes)

PLEASE ENTER OR CIRCLE THE INFORMATION BELOW:

TITLE: ARNP    CNM    CNS    OTHER \_\_\_\_\_    LICENSE NUMBER \_\_\_\_\_

SPECIALTY: Adult    Family    Geri    Peds    Psych    Women's Health    Other \_\_\_\_\_

STUDENT: BARRY    FAU    FIU    UM    OTHER \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

DEGREES: BSN    MS    MSN    PhD    DSN    OTHER: \_\_\_\_\_

CERTIFICATION IN: \_\_\_\_\_ by ANCC    AANP

MEMBER: AANP    ACNP    ANA    FNA    ACCN    OTHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_    HOME PHONE: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_    HOME FAX: (\_\_\_\_) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_    POSITION: \_\_\_\_\_

BUS. ADDRESS: \_\_\_\_\_    BUS. PHONE: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_    BUS. FAX: (\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ (Please print full e-mail information legibly)

INTEREST IN BEING BOARD MEMBER \_\_\_\_\_    INTEREST IN FUND-RAISING COMMITTEE \_\_\_\_\_

INTEREST IN BEING ON ANY COMMITTEE \_\_\_\_\_

MEMBERSHIP FEE \$ \_\_\_\_\_  
FNA TASK FORCE CONTRIBUTION    \$25.00 \_\_\_\_\_ \$50.00 \_\_\_\_\_ \$100.00 \_\_\_\_\_ (Money will be sent to FNA)  
TOTAL AMOUNT \$ \_\_\_\_\_

**Make checks payable to: SFCAPN**

Mail form and check to:

Cheryl Greenberg, ARNP  
Treasurer  
1639 Victoria Pointe Lane  
Weston, FL 33327

\*\*Membership fees can be deducted as a business expense on your taxes

PLEASE PHOTOCOPY FOR YOUR RECORDS