

**SOUTH FLORIDA COUNCIL OF ADVANCED PRACTICE NURSES, INC.
2008 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