



National Association for Practical Nurse Education and Service, Inc.
1940 Duke St., Suite 200 - Alexandria, VA 22314
Phone: 703-933-1003 - Fax: 703-940-4089
www.napnes.org

MEMBERSHIP APPLICATION

Please select a type of membership (save by becoming an eMember, see our web site for more details):

- Regular Membership \$75.00
- Regular Membership + COPNE Membership \$125.00
- COPNE Membership \$50.00 (Must already be a regular member)
- Agency Membership \$100.00
- Associate Membership (Retirees Only) \$35.00
- Student Membership (only available as an eMembership visit www.napnes.org)
- Life Membership \$500.00 or
- Life Membership Payment Plan (\$100 first year, \$200 second year, \$300 third year)

Member Information:

Please complete the following information. Please print clearly to avoid delays:

Name: _____ License: _____

Address: _____

City _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

List State(s) Licensed: _____

I hereby apply for membership in the National Association for Practical Nurse Education and Service, Inc.

Payment Method:

- Check Enclosed for \$_____.____ as payment (Do Not Send Cash)
- Purchase Order Number (Schools Only): _____
- Payment Made Online - Date: _____ Receipt Number: _____
Name if Different Than Member: _____
- Please charge my (check one) Visa MasterCard Card Number: _____
Name On Card: _____ Card Expiration Date: _____
Signature: _____ Today's Date: _____

I understand that \$15.00 of my dues is used for a subscription to the *Journal of Practical Nursing* (JPN) that I receive as a benefit of membership.