



National Association for Practical Nurse Education and Service, Inc.

3800 Powell Lane, Suite CU-4; Falls Church, VA 22041

Phone: 703-933-1003 • Fax: 703-940-4089

Web: www.napnes.org • email: napnes@napnes.org

WHY JOIN NAPNES

You membership in NAPNES provides you with many different types of benefits.

- Protection of the Practical / Vocational Nursing Profession
- Promoting the Practice of Practical and Vocational Nursing
- Continuing and Certification Educational Programs
- Professional Certifications for LP/VNs
- Professional research and research assistance
- Expert testimony to national organizations, legislative and regulatory bodies
- Subscription to the *Journal of Practical Nursing*
- Members only discounts
- Members only areas on our website for networking
- Service – serve on committees or as a member of NAPNES Board of Directors
- Submission of articles for publication
- Professional pride
- Free online monthly newsletter

Other Services NAPNES provides:

- Accrediting PN Continuing Education Programs
- Research for new PN Certifications
- Council of Practical Nurse Educators (COPNE)
- Multi-Skilled Nursing Care Certification Corporation
- Research, development and publication of National Practice and Education Standards
- Publication of National PN Code of Ethics Standards
- Speakers to state and national meetings, conventions, etc.



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APPLICATION FOR MEMBERSHIP

Please select the membership level for which you are applying.

- | | |
|---|--|
| <input type="checkbox"/> Member (\$75 – LP/VNs, PN Educators) | <input type="checkbox"/> Agency Membership (\$100 – Business and groups) |
| <input type="checkbox"/> Associate / Retired Member (\$35.00) | <input type="checkbox"/> Member + COPNE (\$125 – PN Educators) |
| <input type="checkbox"/> Life Member (\$500) (can be paid out \$100 first year and \$200 2nd and 3rd year.) | |

Name _____

Address _____

City _____ State _____ Zip _____

Home Ph: (____) _____ Work Ph: (____) _____ Email: _____

I, _____, hereby apply for membership in the National Association for Practical Nurse Education and Service, Inc. and enclose \$_____ as my annual dues. (Please do not send cash.) (I understand that \$25 of my annual dues is used for a *JPN* subscription.)

Charge to my: MasterCard - Card Number: _____

Visa - Card Number: _____

American Express - Card Number: _____

Expiration Date on Credit Card: _____ Signature: _____ Date: _____

I was referred for membership by: _____