

**MEMBERSHIP APPLICATION**  
**NATIONAL ASSOCIATION OF PEDIATRIC NURSE**  
**PRACTITIONERS**  
**NC: CHARLOTTE CHAPTER**  
**7/1/2008 –6/31/2009**

Thank you for writing LEGIBLY!!!

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Our preferred method of communication is email because of cost and speed of delivery. Do you have reliable access?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a member of National NAPNAP? \_\_\_\_\_

If yes, what is your member #? \_\_\_\_\_

Are you certified? \_\_\_\_\_ If yes, by who? \_\_\_\_\_

Do you work full time? \_\_\_\_\_ part time? \_\_\_\_\_

Are you a PNP? \_\_\_\_\_ FNP? \_\_\_\_\_ CNS? \_\_\_\_\_ NNP \_\_\_\_\_

NP Student? \_\_\_\_\_ If so, at what school? \_\_\_\_\_

Other non-NP? \_\_\_\_\_

Dues: **\$40.00 for National NAPNAP members or Students** (must provide national membership number for discounted membership.)

**\$50.00 for non National NAPNAP members**

(MAKE CHECK TO: CHARLOTTE NAPNAP)

Mail this form and check to: Janice McRorie, Sec, Charlotte NAPNAP  
C/O Queens University of Charlotte ASN  
1900 Selwyn Ave  
Charlotte, NC 28274