



# Virginia: Hampton Roads Chapter National Association of Pediatric Nurse Practitioners

## Chapter Membership Application

Make checks payable to: HRAPNAP (Electronic Bill Payment Services Accepted – Account Number is your name)  
Mail to: PO Box 2631 Norfolk, VA 23501-2631 Voice & Fax: (757) 455-5238

**\*\*\* Please Print \*\*\***

Full Name (Include Credentials) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip (Plus 4) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Nick Name \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

Pager (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

I DO \_\_\_ DO NOT \_\_\_ wish to join the local email listserver for chapter news.

(The listserver is a method for us to communicate easily with one another. Chapter business, announcements, events, job opportunities and legislative issues are emailed by members to other members by sending the message to one easy address [pnp-1@list.odu.edu](mailto:pnp-1@list.odu.edu). You must be a member of the list to send or receive messages.)

Current Workplace \_\_\_\_\_

Work Address \_\_\_\_\_

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

Mother's Maiden Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month & Day)

(This information is required by NAPNAP, until alternative methods are developed to assure that members are appropriately identified from year to year, even during years that membership is not maintained or when names change, we must have this information. It will be kept in the strictest confidence and not distributed.)

Credentials:

BSN \_\_\_ MSN \_\_\_ PhD \_\_\_ DScN \_\_\_ BS \_\_\_ MS \_\_\_ ANCC \_\_\_ NCBPNP/N \_\_\_ Other \_\_\_\_\_

Specialty or Expertise \_\_\_\_\_

NAPNAP Membership Number \_\_\_\_\_

(Enclose a copy of your NAPNAP card for the discounted dues rate.)

### **Dues (October 1 to September 30) (Check One)**

NAPNAP Members: Active \$30 \_\_\_\_\_ Associate \$30 \_\_\_\_\_ Student \$15 \_\_\_\_\_

Non-NAPNAP Members: Active \$40 \_\_\_\_\_ Associate \$40 \_\_\_\_\_ Student \$20 \_\_\_\_\_

(Students must enclose a letter from their school indicating enrollment.)

(Dues sent between July 1 and September 30 will count towards membership for the following year.)