

# FANNP

## Membership Form



### Voting

Open to all nurse practitioners whose field of interest includes neonatal care. Have the right to vote and hold office in the association.

### Student

FANNP welcomes Student Members. Gain access to our Preceptor Repository, get Conference discounts, join our social networks. Open to all RNs enrolled as NNP Students (non-voting, non-office holding).

### Associate

Open to any person in an advance practice role, other than a NNP, interested in fostering the mission and goals of the organization. (Non-voting, non-office holding.)

### Retired

Open to nurse practitioners who have held membership in the FANNP but have retired from practice. Have all the privileges of Voting Members.

#### NAME:

FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

CREDENTIALS (RN, APRN, ETC.): \_\_\_\_\_

#### ADDRESS:

STREET: \_\_\_\_\_ APT/ETC.: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

(Personal email is usually best, as employment/school addresses can be blocked & changes)

NEW MEMBERSHIP: \_\_\_\_\_ OR MEMBERSHIP RENEWAL: \_\_\_\_\_

#### MEMBERSHIP TYPE:

\_\_\_\_ VOTING MEMBER      1-YEAR \$50 \_\_\_\_      2-YEAR \$90 \_\_\_\_      3-YEAR \$135 \_\_\_\_

\_\_\_\_ STUDENT MEMBER      1-YEAR \$40 \_\_\_\_

\_\_\_\_ RETIRED MEMBER      1-YEAR \$25 \_\_\_\_      2-YEAR \$45 \_\_\_\_      3-YEAR \$65 \_\_\_\_

\_\_\_\_ ASSOCIATE MEMBER      1-YEAR \$50 \_\_\_\_      2-YEAR \$90 \_\_\_\_      3-YEAR \$135 \_\_\_\_

Mail form with payment to: FANNP PO Box 14572 St. Petersburg, FL 33733