

METRO MILWAUKEE NURSE PRACTITIONERS

Membership Application or Renewal

PLEASE PRINT CLEARLY

| | |
|-----------------------|-------|
| MMNP use only | |
| Date received | _____ |
| Check # | _____ |
| ___ Database | _____ |
| ___ Distribution list | _____ |
| ___ New member email | _____ |

Name: _____

Membership Type:

Home Address: _____

New Renewal

City/State/Zip: _____

Student: Graduation date: _____

Email: _____

Home phone: _____

Employer: _____

Work phone: _____

Calls at work? Yes No (If no, phone number will not appear in directory)

Check: ANP FNP GNP PNP WHNP ACNP CNS CNM Other

PARTICIPATION

I am interested in serving on a committee:

Program Nominations Bylaws Yes: please call me No, not at this time

I am interested in being nominated for an office. Yes: List _____ No

DUES

Dues are \$25, effective from June 1 through May 31. If you joined after January 1, you do not need to pay again, but please send the application with current data and indicate that you paid after January 1 (we can verify in the database if you are not sure).

Please send application with check payable to:

**Metro Milwaukee Nurse Practitioners
PO Box 13674
Wauwatosa WI 53213-0674**

Visit the web site at www.MetroMilwaukeeNP.org