

**The North Alabama Nurse Practitioner Association**  
*“Improving Health Care Through Education and Service”*

**2010** Membership Application (please print clearly)

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Practice Information:**

Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Business E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_ Speciality: \_\_\_\_\_

Annual dues entitles NANPA members to:

1. Admission to monthly continuing education activities,
2. and a discount on the annual clinical symposium.

The annual membership dues are \$30. Renewal by June is mandatory to be able to register for the annual symposium at reduced rates.

Enclosed is my check for \$30.00 for membership in NANPA for 2009

Please mail to Zenda Wesnor, RN,  
2207 Parkplace Street SE,  
Decatur, AL 35601

Signed: \_\_\_\_\_

For Office Use: Date Received: \_\_\_\_\_

Check # \_\_\_\_\_