



# The Nurse Practitioner Association

## New York State

12 Corporate Drive, Clifton Park, NY 12065  
P: 518-348-0719 F: 518-348-0720 E: info@TheNPA.org www.TheNPA.org

### NEW MEMBER APPLICATION

#### Welcome to The NPA!

We are your continuous voice in government and industry. Plus, you can begin immediately enjoying the benefits of networking, education, chapter affiliation, and a subscription to a valuable professional publication.

#### You'll Receive These Valuable Benefits

Your membership with The NPA will include a subscription to our quarterly publication The Communiqué, 'Members Only' access to our website, practice issue assistance as needed and discounted costs at our annual convention. For a complete listing of membership benefits, or to join online, please visit our website: [www.TheNPA.org](http://www.TheNPA.org)

#### Check out your nearest chapter

Your membership includes the benefit of belonging to a local chapter, where you can take advantage of numerous educational and informational opportunities. Please select your primary chapter affiliate from the list below.

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Adirondack             | <input type="checkbox"/> Finger Lakes              | <input type="checkbox"/> Long Island         | <input type="checkbox"/> Staten Island     |
| <input type="checkbox"/> Brooklyn/Queens        | <input type="checkbox"/> Greater Newburgh          | <input type="checkbox"/> Lower Hudson Valley | <input type="checkbox"/> Susquehanna       |
| <input type="checkbox"/> Capital                | <input type="checkbox"/> Greater Rochester         | <input type="checkbox"/> Manhattan/Bronx     | <input type="checkbox"/> Syracuse          |
| <input type="checkbox"/> Chautauqua/Cattaraugus | <input type="checkbox"/> Lake Ontario              | <input type="checkbox"/> Mohawk Valley       | <input type="checkbox"/> Thousand Islands  |
| <input type="checkbox"/> Dutchess/Ulster        | <input type="checkbox"/> Leatherstocking/Catskills | <input type="checkbox"/> Saratoga/Warren     | <input type="checkbox"/> Tompkins/Cortland |
|   |  |  | <input type="checkbox"/> Western New York  |

#### Please Print:

Name: _____	Credentials: _____
Home Address: _____	Employer: _____
City, State: _____ Zip: _____	Work Address: _____
Home Phone: _____	City, State: _____ Zip: _____
Cell Phone: _____	Work Phone: _____
Email Address: _____	Alt. Work Phone: _____
	Fax: _____

#### Membership Categories and Fees (Please check appropriate box)

- |  |          |  |   |
|--|----------|--|---|
| <input type="checkbox"/> Active 1-year | \$180.00 | Eligible for licensure or licensed NP in NYS   | <b>\$20.00 Savings off the regular dues rate!</b> |
| <input type="checkbox"/> Active 2-year | \$320.00 | Eligible for licensure or licensed NP in NYS   | <b>\$80.00 Savings off the regular dues rate!</b> |
| <input type="checkbox"/> Affiliate     | \$45.00  | Individual who is not an NP, pending Board approval  |   |
| <input type="checkbox"/> Student       | \$65.00  | Enrolled in approved NP program, not licensed as an NP (Student ID Required for Processing Membership) |   |
| <input type="checkbox"/> Retired       | \$65.00  | Retired Nurse Practitioner   |   |

#### Payment Method

☐ Check or Money Order Enclosed (Made payable to: The NPA)

**Credit Card:** ☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

Total Membership  
Dues Enclosed:  
\$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code (On Back of Card): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Referrals:

Please list the name and addresses of two people who may be interested in becoming a valued member. Your friends will appreciate your thoughtfulness and The NPA will appreciate your help!

1. \_\_\_\_\_ 2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who Referred you to the NPA? \_\_\_\_\_

#### Please mail your completed application to:

The Nurse Practitioner Association NYS, 12 Corporate Drive, Clifton Park, NY 12065 **OR** Fax to: 518-348-0720

Note: Pursuant to Federal Law, we are required to inform you that 30% of your dues may be used for lobbying & related expenses, which are not tax deductible. Political Action Committee (PAC) contributions are not tax deductible.

## 1. NYS LICENSED SPECIALTY

- ☐ Acute Care
- ☐ Adult Health
- ☐ Community Health
- ☐ Family Health
- ☐ Gerontology
- ☐ Holistic Nursing

- ☐ Neonatology
- ☐ Obstetrics & Gynecology
- ☐ Oncology
- ☐ Palliative Care
- ☐ Pediatrics
- ☐ Perinatology

- ☐ Psychiatry
- ☐ School Health
- ☐ Women's Health
- ☐ Other \_\_\_\_\_

## 2. CREDENTIALS

- ☐ ACNP
- ☐ ANP
- ☐ FNP
- ☐ GNP

- ☐ NNP
- ☐ NPP
- ☐ OGNP
- ☐ PNP

- ☐ SNP
- ☐ WHNP
- ☐ Other \_\_\_\_\_

## 3. POSITION

- ☐ Administrator/Nurse Manager
- ☐ Clinician

- ☐ Consultant
- ☐ Faculty

- ☐ Staff Nurse
- ☐ Other \_\_\_\_\_

## 4. PRACTICE SETTING

- ☐ Acute Care (Hospital Inpatient)
- ☐ Hospital-Based Clinic
- ☐ School (K-12)
- ☐ Nursing School/University
- ☐ Home Care
- ☐ Clinical

- ☐ Community/Public Health
- ☐ Industry
- ☐ Pvt. Practice – NP Owned
- ☐ Pvt. Practice – MD Owned
- ☐ Long Term Care
- ☐ Other \_\_\_\_\_

- ☐ HMO
- ☐ Emergency/Urgent Care
- ☐ Rehabilitation/Urgent Care
- ☐ Child Care
- ☐ Mental Health

## 5. ANNUAL SALARY

- ☐ < \$20,000
- ☐ \$20,001-\$30,000
- ☐ \$30,001-\$40,000

- ☐ \$40,001-\$50,000
- ☐ \$50,001-\$60,000
- ☐ \$60,001-\$70,000

- ☐ \$70,001-\$80,000
- ☐ \$80,001-\$90,000
- ☐ \$90,001-\$100,000
- ☐ >\$100,001

## 6. EDUCATION

- ☐ BS
- ☐ BSN
- ☐ MS

- ☐ MSN
- ☐ Doctorate
- ☐ Post-Masters Certificate

- ☐ NP Certificate Program (1971-1992)
- ☐ Other \_\_\_\_\_

## 7. WOULD YOU BE WILLING TO VOLUNTEER?

- ☐ Yes
- ☐ No
- ☐ Please Contact me, I need more information

## 8. VOLUNTEER CATEGORY

- ☐ Education/Convention
- ☐ Government Relations
- ☐ Membership
- ☐ Mentor/Preceptor
- ☐ Public Relations
- ☐ Research

## 9. WORK STATUS

- ☐ Full Time
- ☐ Part Time
- ☐ Per Diem
- ☐ Retired
- ☐ Student

## 10. DUES ARE PAID BY

- ☐ My Employer
- ☐ Myself
- ☐ Shared with Employer

## 11. NATIONAL CERTIFICATION

- ☐ NCC
- ☐ NAPNAP
- ☐ ANCC
- ☐ AANP
- ☐ Other \_\_\_\_\_

## 12. AREA OF PRACTICE

Example: Cardiology, Gastroenterology

## 13. DATE OF BIRTH

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

## 14. GENDER

- ☐ Female
- ☐ Male

## 15. OTHER PROFESSIONAL MEMBERSHIPS

- ☐ NYSNA
- ☐ ACNP
- ☐ AANP

- ☐ Sigma Theta Tau
- ☐ Other \_\_\_\_\_

## 16. SCHOOL ATTENDED FOR NP

**How did you hear about us? (please choose only one):**

### STATE LEVEL

- ☐ Mailing
- ☐ E-Mail
- ☐ Phone
- ☐ Website
- ☐ Annual Convention
- ☐ Regional Conference

### CHAPTER LEVEL

- ☐ Mailing
- ☐ E-Mail
- ☐ Website
- ☐ Phone
- ☐ Chapter Meeting
- ☐ Event

### OTHER

- ☐ Colleague
- ☐ Place of Employment
- ☐ State Education Department
- ☐ NP School (please specify): \_\_\_\_\_