Membership Form

GAPNA
Gerontological Advanced Practice Nurses Association

Please provide your e-mail address to take advantage of all your GAPNA membership benefits.

Membership ID#: _____

Name: _____

Credentials: _____

Address: _____ ☐ Home ☐ Work

City: _____ State: _____ Zip: _____

E-mail Address: _____

Employer: _____

Preferred Phone: (_____) _____ ☐ Cell ☐ Work

Birth Month / Year: Month _____ / 2026 _____

Who Referred You To GAPNA? _____

***SAVE TIME* – Join GAPNA online at gapna.org**

GAPNA PROFILE QUESTIONS

1. Level of Education
- ☐ Masters In Nursing
- ☐ Masters in other
- ☐ PhD
- ☐ DNP
- ☐ EdD
- ☐ DNS
- ☐ Certificate
- ☐ RN
- ☐ Other

2. Ethnicity
- ☐ White/Caucasian
- ☐ Hispanic or Latino
- ☐ Black or African American
- ☐ Native American or American Indian
- ☐ Asian/Pacific Islander
- ☐ Other
- ☐ Prefer not to answer

3. Gender
- ☐ Male
- ☐ Female
- ☐ Non-Binary
- ☐ Transgender Male
- ☐ Transgender Female
- ☐ Other
- ☐ Prefer not to answer

4. If you are an APRN what is your current area of certification? (multi)
- ☐ Gerontological
- ☐ Adult
- ☐ Adult/Gerontological
- ☐ Acute Care
- ☐ Psych and Mental Health
- ☐ Family
- ☐ Other

5. Are you a current APRN? (multi)
- ☐ NP
- ☐ CNS
- ☐ CRNAs
- ☐ CNMs
- ☐ Other
- ☐ None

6. Do you have an additional specialty certification? (multi)
- ☐ Gerontological Specialist Certified
- ☐ Hospice/Palliative Care/Pain Management
- ☐ Diabetes Management Advanced
- ☐ Wound Care or Wound/Ostomy Care
- ☐ Other

7. Year as an APRN
- ☐ Less than 1 year
- ☐ 1 – 5 years
- ☐ 6 – 10 years
- ☐ 11 – 15 years
- ☐ 16 – 20 years
- ☐ 20 + years
- ☐ Currently not an APRN

8. Years specialized in gerontology
- ☐ Less than 1
- ☐ 1-5
- ☐ 6-10
- ☐ 10+

9. What is your PRIMARY area of clinical expertise?
- ☐ Complementary Alternative Medicine
- ☐ Cardiovascular
- ☐ Dermatology
- ☐ Diabetes/Endocrine
- ☐ End of Life
- ☐ Gastrointestinal
- ☐ Genitourinary
- ☐ Hematology/Oncology
- ☐ Infectious Disease
- ☐ Musculoskeletal
- ☐ Neurological
- ☐ Pain Management
- ☐ Procedures
- ☐ Psychiatric
- ☐ Pulmonology
- ☐ Women's Health
- ☐ Wound Care/Ostomy
- ☐ Other

10. PRIMARY Practice Setting
- ☐ LTC/SNF/Assisted Living
- ☐ Outpatient/Ambulatory Care
- ☐ Acute Care
- ☐ Academia
- ☐ Home-based Primary Care

11. PRIMARY Role Focus
- ☐ Direct Care
- ☐ Administration/ Management
- ☐ Education
- ☐ Research
- ☐ Consultation

12. What is your SECONDARY area of clinical expertise?
- ☐ Complementary Alternative Medicine
- ☐ Cardiovascular
- ☐ Dermatology
- ☐ Diabetes/Endocrine
- ☐ End of Life
- ☐ Gastrointestinal
- ☐ Genitourinary
- ☐ Hematology/Oncology
- ☐ Infectious Disease
- ☐ Musculoskeletal
- ☐ Neurological
- ☐ Pain Management
- ☐ Procedures
- ☐ Psychiatric
- ☐ Pulmonology
- ☐ Women's Health
- ☐ Wound Care/Ostomy
- ☐ Other

13. SECONDARY Practice Setting
- ☐ LTC/SNF/Assisted Living
- ☐ Outpatient/Ambulatory Care
- ☐ Acute Care
- ☐ Academia
- ☐ Home-based Primary Care

14. SECONDARY Role Focus
- ☐ Direct Care
- ☐ Administration/Management
- ☐ Education
- ☐ Research
- ☐ Consultation

15. Can you prescribe controlled substances?
- ☐ Yes
- ☐ No

16. Do you have prescriptive authority?
- ☐ Yes
- ☐ No

17. Do you have influence in making industry purchases?
- ☐ Yes
- ☐ No

You are automatically assigned to a GAPNA chapter based on your address. Please contact the National Office for more information!

A portion of your dues is applied to a subscription to GAPNA's official journal and membership in one chapter (if applicable).

Member Category (check one)

Regular	☐ 1yr – $125	☐ 2yrs – $240	☐ 3yrs – $360
Associate	☐ 1yr – $125	☐ 2yrs – $240	☐ 3yrs – $360
Retired	☐ 1yr – $95	N/A	N/A
Student	☐ 1yr – $95	N/A	N/A

☐ Check is enclosed (payable in US Funds to GAPNA)

☐ Charge my ☐ VISA ☐ MC ☐ AMEX ☐ DISCOVER

Amount $ _____ Exp. 1 / 2025

Name on card: _____

Account #: _____

Card security code: _____

(3-digit code found on back of Visa | Mastercard | Discover;

4-digit code front of American Express)

Billing Address (Street # only): _____

Billing Zip Code: _____

Signature: _____

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