



## MEMBERSHIP APPLICATION

Please provide your e-mail address so GAPNA can send you its E-News and other valuable membership benefits.

Name \_\_\_\_\_

Credentials \_\_\_\_\_

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

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Mailing Address  Home  Work

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

Alt E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Preferred Phone  Home (includes personal Cell)

Work (includes business Cell)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*MEMBER GET A MEMBER REFERRAL\***

Referred by: \_\_\_\_\_

### MEMBERSHIP DUES

Membership dues are not tax deductible as a charitable contribution. They may be deductible as an ordinary and necessary business expense. Consult your tax advisor for information.

| <u>Member Category (check one)</u>                                | <u>1 year</u> | <u>2 year</u> | <u>3 year</u> |
|---|---------------|---------------|---------------|
| <input type="checkbox"/> <b>Regular</b> (advanced practice nurse) | \$100.00      | \$190.00      | \$285.00      |
| <input type="checkbox"/> <b>Associate</b> (interest in GAPNA)     | \$100.00      | \$190.00      | \$285.00      |
| <input type="checkbox"/> <b>Retired</b> (advanced practice nurse) | \$ 75.00      | N/A           | N/A           |
| <input type="checkbox"/> <b>Student</b>                           | \$ 60.00      | N/A           | N/A           |

Please indicate you GAPNA membership status:

- I am a new member  
 I am a current member and want to renew my membership  
 I am a previous member and want to rejoin

Do you wish to make a donation to the Historical Committee's archiving efforts? All proceeds will assist with archiving GAPNA's history for future reference. (Indicate amount in payment section)

### PAYMENT

Membership Dues \$ \_\_\_\_\_  
 Donation to the Historical Committee \$ \_\_\_\_\_  
 Total Amount \$ \_\_\_\_\_

#### CHECK PAYMENT

Check is enclosed (payable in US Funds to GAPNA)

#### CREDIT CARD PAYMENT

Charge my  VISA  MasterCard  Discover  American Express  
 Amount \$ \_\_\_\_\_

Account # \_\_\_\_\_

Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address Street Number \_\_\_\_\_ Billing Address Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

### CHAPTER MEMBERSHIP

If you currently belong to a GAPNA chapter or wish to be affiliated with a chapter, please check your chapter choice →

If there is no chapter in your area and you would like information on starting a chapter, please visit [www.GAPNA.org](http://www.GAPNA.org)

#### GAPNA CHAPTERS

##### Northeast

- 101 Baltimore MD
- 102 Delaware Valley
- 103 New England
- 104 Liberty PA

##### North Central

- 301 Chicagoland IL
- 302 Great Lakes MI
- 303 Ohio
- 304 Southeast WI
- 305 Heartland

##### Southeast

- 201 Atlanta GA Area
- 203 North Carolina
- 204 Middle TN
- 205 Mid South TN
- 206 Florida
- 207 Gulf Coast TX
- 208 Florida Gulf Coast
- 211 Central Virginia

##### West

- 401 Sonoran (AZ)
- 402 Northern CA
- 403 Southern CA

## GAPNA PROFILE / SURVEY QUESTIONS

PLEASE CIRCLE YOUR ANSWER FOR EACH QUESTION in the membership profile/survey below. Your individual professional and practice background information is utilized by GAPNA to create programs and services to meet your specific needs.

### 1. LEVEL OF EDUCATION

- 1 Masters in Nursing
- 2 Masters other
- 3 PhD
- 4 DNP
- 5 EdD
- 6 DNS
- 7 Certificate
- z Other

### 2. YEARS AS AN APRN

- 1 Less than 1 year
- 2 1-5 years
- 3 6-10 years
- 4 11-15 years
- 5 16-20 years
- 6 More than 20 years
- 7 Does not apply (currently not an APRN)

### 3. ROLE FOCUS

Enter approximate % of time you spend in each Role:

- |                       | Percent |
|-----------------------|---------|
| 1 Direct Care         | _____   |
| 2 Administration/Mgmt | _____   |
| 3 Education           | _____   |
| 4 Research            | _____   |
| 5 Consultation        | _____   |

### 4. PRACTICE SETTING

Enter approximate % of time you spend in each Setting:

- |  | Percent |
|--|---------|
| 1 LTC/Skilled Nrsng Facility/<br>Assisted Living | _____   |
| 2 Outpt/Ambulatory Care                          | _____   |
| 3 Acute Care                                     | _____   |
| 4 Academia                                       | _____   |
| 5 Home-based Primary Care                        | _____   |

### 5. APRN CERTIFICATION (NP)

If you are a Nurse Practitioner, select your area(s) of Current APRN Certification:

- 1 Gerontological
- 2 Adult
- 3 Adult/Gerontological
- 4 Acute Care
- 5 Psych and Mental Health
- 6 Family
- z Other

### 6. APRN CERTIFICATION (CNS)

If you are a Clinical Nurse Specialist, circle your area(s) of Current APRN Certification:

- 1 Gerontological
- 2 Adult Health
- 3 Psych and Mental Health
- 4 Home Health
- 5 Public/Community Health
- z Other

### 7. OTHER APRN CERTIFICATIONS

- 1 Certified Registered Nurse Anesthetist
- 2 Certified Nurse Midwife
- 3 Both

### 8. ADDITIONAL SPECIALTY CERTIFICATIONS

- 1 Hospice/Palliative Care/Pain Management
- 2 Diabetes Management, Advanced
- 3 Wound Care or Wound/Ostomy Care
- z Other

### 9. Do You Have Prescriptive Authority?

- 1 Yes
- 2 No

### 10. Can You Prescribe Schedule II Medications?

- 1 Yes
- 2 No

### 11. Can You Prescribe Schedule III-V Medications?

- 1 Yes
- 2 No

### 12. What is your level of influence in making industry purchases?

- 1 Very Low
- 2 Low
- 3 Moderate
- 4 High
- 5 Very High

### 13. PRIMARY AREA OF CLINICAL EXPERTISE (circle one)

- 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

### 14. SECONDARY AREA OF CLINICAL EXPERTISE (circle one)

- 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

**GAPNA National Office**

East Holly Ave/PO Box 56  
Pitman, NJ 08071-0056

866-355-1392

Fax: 856-218-0557

[gapna@ajj.com](mailto:gapna@ajj.com)

[www.gapna.org](http://www.gapna.org)