

# Membership Form

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: \_\_\_\_\_ / \_\_\_\_\_

Who Referred You To GAPNA? \_\_\_\_\_

**SAVE TIME – Join GAPNA online at [gapna.org](http://gapna.org)**

## GAPNA PROFILE QUESTIONS

### 1. Gender

- Male  
 Female  
 Non-Binary  
 Transgender Male  
 Transgender Female  
 Other  
 Prefer not to answer

### 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. Level of Education

- Masters In Nursing  
 Masters in other  
 PhD  
 DNP  
 EdD  
 DNS  
 Certificate  
 RN  
 Other

### 4. 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

### 5. Years specialized in gerontology

- Less than 1  
 1-5  
 6-10  
 10+

### 6. PRIMARY Role Focus

- Direct Care  
 Administration/ Management  
 Education  
 Research  
 Consultation

### 7. SECONDARY Role Focus

- Direct Care  
 Administration/Management  
 Education  
 Research  
 Consultation

### 8. PRIMARY Practice Setting

- LTC/SNF/Assisted Living  
 Outpatient/Ambulatory Care  
 Acute Care  
 Academia  
 Home-based Primary Care

### 9. SECONDARY Practice Setting

- LTC/SNF/Assisted Living  
 Outpatient/Ambulatory Care  
 Acute Care  
 Academia  
 Home-based Primary Care

### 10. Are you a current APRN? (multi)

- NP  
 CNS  
 CRNAs  
 CNMs  
 Other  
 None

### 11. 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

### 12. 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

### 13. Do you have prescriptive authority?

- Yes  
 No

### 14. Can you prescribe controlled substances?

- Yes  
 No

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

- Yes  
 No

### 16. 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

### 17. 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

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 *Geriatric Nursing* and membership in one chapter.

### Member Category (check one)

- |           |                                      |                                       |                                       |
|-----------|--------------------------------------|---------------------------------------|---------------------------------------|
| Regular   | <input type="checkbox"/> 1yr – \$125 | <input type="checkbox"/> 2yrs – \$240 | <input type="checkbox"/> 3yrs – \$360 |
| Associate | <input type="checkbox"/> 1yr – \$125 | <input type="checkbox"/> 2yrs – \$240 | <input type="checkbox"/> 3yrs – \$360 |
| Retired   | <input type="checkbox"/> 1yr – \$95  | N/A                                   | N/A                                   |
| Student   | <input type="checkbox"/> 1yr – \$95  | N/A                                   | N/A                                   |

Check is enclosed (payable in US Funds to GAPNA)

Charge my  VISA  MC  AMEX

Amount \$ \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_

Name on card: \_\_\_\_\_

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

Card security code: \_\_\_\_\_

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

4-digit code front of American Express)

Billing Address (Street # only): \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

GAPNA National Office  
 Box 56, Pitman, NJ 08071-0056  
 Phone 866-355-1392, Fax 856-589-7463  
 E-mail: [gapna@gapna.com](mailto:gapna@gapna.com) • Web site: [www.gapna.org](http://www.gapna.org)