



Illinois Society for Advanced Practice Nursing

APRN BUSINESS OWNERS' MEMBERSHIP APPLICATION

BUSINESS OWNER'S NAME: (1) _____

BUSINESS OWNER'S NAME: (2) _____

BUSINESS NAME: _____

ADDRESS _____

Street Address

City

State

ZIP Code

COUNTY _____

PHONE () _____

PRIMARY CONTACT: _____

EMAIL _____

This membership is designed to support APRN Business Owners*. It includes up to two full memberships for the business owner and/or partner.**

Membership Type / Payment Information \$750

Membership Benefits include:

- 25% off for APRN employee membership - discount code required
- Logo of business to be listed on the ISAPN website with additional details regarding the business/practice
- Opportunities to partner with ISAPN on statewide programs and initiatives
- Free Advert in our Midwest Conference Program Book
- FREE job postings for your business.
- Discounted event sponsorship \$300.00***

*Business must have a health care/promotion focus

**Discount code required, call the office for details 779-529-2001

***Restrictions apply. Contact Joanne Buckley for details meetings@isapn.com

Check enclosed (Payable to ISAPN)

AMEX

Visa

Mastercard

Name on Card _____

Card Number _____ Exp Date _____

Please mail to:

ISAPN PO Box 636, Manteno, IL 60950 or send via email to info@isapn.com

After your membership is processed we will send you an email with your "User Name" and "Temporary Password". We ask that once you are signed into your profile you update with all current information.