



Illinois Society for Advanced Practice Nursing

CORPORATE MEMBERSHIP APPLICATION

CORPORATE NAME: _____

ADDRESS _____

Street Address

City

State

ZIP Code

COUNTY _____

PHONE () _____

PRIMARY CONTACT: _____

EMAIL _____

Membership Type / Payment Information

_____ \$1500

Membership Benefits include:

- 1 COMPLIMENTARY individual membership (*must be a licensed APRN*)
- FREE job postings on website Job Posting Page
- FREE Midwest Conference exhibit space – standard space, *upgrades available*
- 25% off exhibit costs for other ISAPN events
- Receive a copy of all ISAPN electronic newsletters and weekly *Legislative Update* when General Assembly is in session

NAME OF PERSON RECEIVING COMPLIMENTARY INDIVIDUAL MEMBERSHIP

_____ EMAIL ADDRESS: _____

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.