



The Nurse Practitioner Association New York State
12 Corporate Drive, Clifton Park, NY 12065

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Membership Application

Welcome to the NPA!

We serve the interests of individual nurse practitioners and the profession. We are your continuous voice in government and industry. In joining, you may immediately enjoy the benefits of your local affiliations and receive timely industry news.

Your Region and Local Group

Your membership includes the benefit of belonging to a Region and a Local Group where you can take advantage of educational and informational opportunities and enjoy networking with your peers. Please refer to the back of this page.

Please select the Local Group of your choice from list below

| | | | | |
|----------|--|--|--|--|
| Region 1 | <input type="checkbox"/> Southern Tier | <input type="checkbox"/> Western New York | | |
| Region 2 | <input type="checkbox"/> Finger Lakes | <input type="checkbox"/> Greater Rochester | <input type="checkbox"/> Susquehanna | <input type="checkbox"/> Tompkins Cortland |
| Region 3 | <input type="checkbox"/> Lake Ontario | <input type="checkbox"/> Mohawk Valley | <input type="checkbox"/> Syracuse | <input type="checkbox"/> Thousand Islands |
| Region 4 | <input type="checkbox"/> Adirondack | <input type="checkbox"/> Capital | <input type="checkbox"/> Leatherstocking-Catskills | <input type="checkbox"/> Saratoga-Warren |
| Region 5 | <input type="checkbox"/> Dutchess-Ulster | <input type="checkbox"/> Greater Newburgh | <input type="checkbox"/> Lower Hudson Valley | |
| Region 6 | <input type="checkbox"/> Brooklyn-Queens | <input type="checkbox"/> Manhattan-Bronx | <input type="checkbox"/> Staten Island | |
| Region 7 | <input type="checkbox"/> Long Island | | | |

Name: _____ Credentials: _____

Home Address: _____ Employer: _____

City, State: _____ Zip: _____ Work Address: _____

Home Phone: _____ City, State: _____ Zip: _____

Cell Phone: _____ Referred By: _____

Email Address: _____ Date of Birth: _____

University Graduated from or Attending: _____

Memberships and Dues

Regular NP Holds **or is eligible for** New York State NP certification (license)

1 Year Membership **\$190** 1 Year Auto-Renew **\$190** 2 Year Membership **\$340 (Save \$40)** 2 Year Auto-Renew **\$340**

Student Enrolled in NP program **and not yet eligible for NYS NP** certification (license)
1 Year Membership **\$75** **Expected graduation date:** _____

Retired No longer practicing **and** gainfully employed
1 Year Membership **\$75**

Affiliate A person who supports The NPA but not otherwise qualify for membership and is approved by BOD.
1 Year Membership **\$55**

Payment Method:

Credit Card: American Express Discover MasterCard Visa Check or Money Order Enclosed (payable to: The NPA)

Cardholder's name and address if different from member information above

Cardholder's Name: _____

Street Address _____ City _____ State: _____

Zip Code _____ Credit Card #: _____

Exp. Date: _____ CVV Code: _____ (on back of card) Signature: _____

Your payment is non-refundable. Pursuant to Federal Law, we are required to inform you that 13.2% of your dues may be used for lobbying and related expenses, which are not tax deductible. PAC contributions are not tax deductible.