

National Association of
Pediatric Nurse Practitioners
North Carolina Chapter
MEMBERSHIP APPLICATION

Name: _____ **SS #:** _____

Address: _____

Place of _____

Employment: _____

Employment _____

Address: _____

Phone: (Home) _____ (Work) _____ (Fax) _____

Email: _____

Would you like to be included in our Directory? **Yes** **No**

If yes, which number do you want published? Home Work Both

May other Nurse Practitioners call you for **Yes** **No**

consults?

Are you a member of the national NAPNAP **Yes** **No**

organization? Yes No

Member #: _____

Are you interested in running for an office in **Yes** **No**

our state chapter?

If yes, which ones? President **President-elect** **Secretary**

Treasurer

Are you interested in serving on a state **Yes** **No**

chapter committee?

If yes, which ones? Legislative **By-laws** **Public**

Relations

Chapter officer **Continuing Ed.**

nominations

Would you be willing to give a presentation in your **Yes** **No**

Area of Expertise to professional or community

groups?

Job Description:

List some ideas that you would like to see our state chapter address:

I work: **Full Time** **Part Time**

Professional Status: PNP NNP FNP CNS

NP Student Other: _____
Are you certified? Yes No

If yes, which organization? _____

Position:
Nurse Practitioner CNS Staff Nurse Educator
Nurse Manager Administrator Consultant Other:

Practice Setting:
Nursing school/University: Hospital/Hospital-based clinic:
Elementary: Middle:
Community/public health: High School:
Office practice: Day Care:
Industry: HMO:
Other:

Area of practice/expertise:
General pediatrics: Allergy/Immunology:
Cardiology: Neonatal:
Genetics: Orthopedics:
OB/GYN: Adolescents:
Oncology: Family Practice:
School Nursing: Other:

If you have been published please list:

Any community involvement/recognition? Yes No

If yes, what office and when? _____

Have you served in any Elected Office? Yes No

Dues: \$ 30.00/year, due each Sept. 1st.
Dues: \$ 25.00/year, student.

Mail completed form and dues to: Melody Watral, CPNP
101 Thomas Lane, #E-1
Carrboro, NC 27510-1362
watra001@mc.duke.edu

Signature: _____