

Maine Nurse Practitioner Association
Membership Application

(Online membership enrollment or renewal and payment options are available at www.mnpa.us)

Today's date: _____

MNPA is currently using a new database and registration form. Please update this form with your most current profile information.

First Name: _____ **Last Name:** _____ **Credentials:** _____

Certification(s): _____ **Clinical Focus:** _____

Home Street Address: _____ Town: _____ State: _____ Zip: _____

Home Phone: _____ **Business Phone:** _____ **x** _____ Cell Phone: _____

Employer: _____

Town(s) Where You Practice, incl. ZIP codes: _____

Email (please print clearly): _____

Email for use in public directory: _____

DO YOU WISH TO BE INCLUDED IN MNPA'S ONLINE MEMBER DIRECTORY? Yes No

NOTE: If you checked "yes," only the information you provide in the fields in bold above will be included in the directory.

Our communications with you most often happen electronically through email. As a member you are automatically enrolled in our list serve so we can keep you updated on the latest healthcare related activities sponsored by MNPA and other healthcare related groups. We try not to overload your email, but send topics of general interest and information to members of MNPA.

This demographic information helps MNPA determine organizational needs by salary ranges and specialty. Submission is optional.

Birth Month: _____ Gender: _____ Status (check one): Fulltime Part time Per Diem

Salary Range: (circle one) Less than \$50,000 \$50,000 - \$60,000 \$60,000 - \$70,000 \$70,000 - \$80,000

 \$80,000 - \$90,000 \$90,000 - \$100,000 More than \$100,000

Turn Over for Payment Information

MEMBERSHIP CATEGORIES AND PAYMENT OPTIONS

New members who join for the first time may join at any time throughout the year. Your renewal date will be 12 months from the date you initially join MNPA. Your annual dues enable MNPA to provide ongoing continuing education venues, lobbying efforts at the state and federal levels, and staff assistance during normal working hours throughout the entire year. We estimate that 67.5% of your membership dues is tax deductible. MNPA offers several categories of membership, as follows:

Full Membership - Members eligible for the following categories have full voting privileges and can serve as an elected member of the board of directors:

\$125.00/year Full Nurse Practitioner Member – One time payment of \$125.00

\$125.00/year Full Nurse Practitioner Member - Installment payments available in four (4) quarterly installments of \$31.25 when paying by credit card.

\$325.00/3 years Full Nurse Practitioner Member – For a three-year membership at a \$50 discount - when paying by credit card.

\$40.00 Unemployed/Retired Member - A nurse practitioner who is retired from or otherwise not gainfully employed in the profession.

\$50.00 Full-time Student Member - A student currently enrolled and attending an approved nurse practitioner program

\$70.00 Transitional Student Member - A new nurse practitioner graduate, being licensed as an NP for the first time, may join at a discounted rate for one year

Other Membership categories - Members eligible for the following categories do not have voting privileges, and are not eligible to run for office or serve on committees.

\$75.00 Supporting Member - Any other individual or entity who supports the association's purposes and functions

Affiliate Membership - A business or organization that supports nurse practitioners and the mission of the Maine Nurse Practitioner Association.

\$250.00 Bronze \$500.00 Silver \$1,000.00 Gold \$1,500 Platinum

Payment Method: check enclosed VISA MasterCard AMEX Discover

Name on Card: _____ Card Number: _____

Expiration Date: _____ / _____ Security Code 3 or 4 digits on back of card: _____

Address of cardholder: _____

Signature: _____

**Make checks payable and send to:
MNPA, 11 Columbia Street, Augusta, Maine 04330**

Please check here if you are interested in serving MNPA as a member of:

_____ Board of Directors

_____ Professional Development Committee

_____ Legislative Committee

_____ Public Relations and Membership Committee