



National Association of Licensed Practical Nurses, Inc.

3801 Lake Boone Trail Suite 190, Raleigh, NC 27607
(919) 779-0046 · Fax (919) 779-5642 · www.nalpn.org

Membership Application

You may also complete your new membership and renewals online at www.nalpn.org.

New Renewal (Member # _____)

Full Name: _____ Home #: _____

Mailing Address: _____ Work #: _____

City/State/Zip: _____ Cell #: _____

Email: _____ Date of birth: _____

License # & State: _____ Credentials (LPN, LVN, RN, EMT, etc.): _____

Recruited by: _____ PN School (if applicable): _____

School Chapter (if applicable): _____

How did you hear about NALPN? _____

What is your current employment setting?

Home Health Long-Term Care Hospital Private Practice Military School Other: _____

Are you interested in continuing education, specialty certifications, or higher education? What type?

Are you interested in working on a committee for NALPN or taking an active role in leadership? What type?

Would you be interested in writing resourceful articles for our newsletter? YES / NO

Membership Type:

Your membership with NALPN also includes membership in your state chapter if one exists. You are allowed to voluntarily join a state chapter even if you do not reside in that state.

There are currently state chapters in the following states: AL, IL, LA, MD, MS, NC, VA, and WI. If you reside in one of these states you must join at the Active rate.

- \$100.00 Active:** Licensed LPN or LVN residing in or choosing to join an affiliate state chapter.
- \$ 70.00 Individual:** Licensed LPN or LVN not residing in an affiliate state
- \$ 65.00 Retired** – Formerly licensed LPN or LVN, now retired
- \$ 25.00 Student** – Current LPN or LVN student
- \$ 60.00 Affiliate** – Any non-LPNs or LVNs who wish to support the NALPN (RNs, CNAs, etc)
- \$ 70.00 International** – Any non-US LPN/VN equivalent
- \$ 70.00 Military** – Licensed LPN or LVN holding a current military ID

Payment:

_____ Enclosed check or money order payable to NALPN

_____ Credit card:

Card Number: _____ Exp. Date: _____

Name on card: _____

Authorized signature: _____

Return form with payment via: Email: nflpn@caphill.com

Fax: 919-779-5642

Or mail: NALPN • 3801 Lake Boone Trail, Suite 190 • Raleigh, NC 27607

Questions? Email nflpn@caphill.com or call toll free 1-800-948-2511.