

National Association of Licensed Practical Nurses, Inc.

P.O.BOX 1895 Manitowoc, WI. 54221 Phone 1-920-663-8450 Email nalpnooffice@gmail.com

ALL AREAS MARKED WITH RED * REQUIRED**Membership Application**

* New * Renewal (Member # _____)

*****Please do not send credit card information through email! If you are submitting the membership form through email, select Invoice for payment option. *****

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, BA, CA, LA, MD, MS, NC, NY, VA, PA and WI. If you reside in any of these Chapter States, you are automatically a member of that Chapter, with no extra cost.

- \$100.00 Active:** Any LPN or LVN holding a current license or equivalent
- \$ 65.00 Retired** – Any LPN/LVN who has achieved retirement age, or has retired due to disability
- \$ 25.00 Student** – Student enrolled in an approved school of Practical/Vocational Nursing
- \$ 60.00 Affiliate** – Anyone who is NOT a LPN/LVN, however is interested in promoting the objectives of NALPN

Payment:

_____ Enclosed check or money order payable to NALPN

_____ Invoice select this option to have NALPN send an invoice.

_____ Credit card:

Card Number: _____ Exp. Date: _____

Name on card: _____

Authorized signature: _____

*****Please do not send credit card information through email! If you are submitting the membership form through email, select Invoice for payment option. *****Return form with payment via: Email: nalpnooffice@gmail.com

Or mail: NALPN P.O. Box 1895 Manitowoc, WI. 54221
Questions? Email nalpnooffice@gmail.com call 1-920-663-8450.