APNA
MEMBERSHIP APPLICATION

Completed applications should be mailed with payment to:

APNA
P.O. Box 75365
Baltimore, MD 21275-5365

Contact Information

FIRST NAME _____ LAST NAME _____

CREDENTIALS (BSN. RN, MSN, PMHCNS, etc.) _____

TITLE / ORGANIZATION _____

Circle One: HOME / WORK

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE / CELL _____ BUSINESS PHONE _____

E-MAIL ADDRESS (required) _____

HOW DID YOU HEAR ABOUT APNA? _____

VOLUNTARY APNA CONTRIBUTION* $_____

APNA occasionally makes available its member addresses (excluding telephone and email) to trusted partners who provide products or services we feel will be of value to our members. Please check here if you do not wish to be included in these mailings. ☐

*Contributions or gifts to the American Psychiatric Nurses Association (APNA) may be deductible as charitable contributions for income tax purposes. However, dues payments to APNA are deductible for most members under section 162 of the IRS code as an ordinary and necessary business expense.

Membership Type

☐ **Regular** Member
- ☐ 1 Year $135
- ☐ 2 Years $260
- ☐ 3 Years $385

☐ **Monthly Payment Plan** ..$12.50/month
(Include Recurring Payment Authorization Form)

☐ **Student** Member..... $25
(Email verification of full time status required)

☐ **Retired** Member..... $75

☐ **International** Member..... $135

☐ **Affiliate** Member *(Non-R.N.)* $135

Method of Payment

☐ Visa
☐ MasterCard
☐ Discover
☐ American Express
☐ Check/Money Order

AMOUNT CHARGED _____

CARD NUMBER _____

EXPIRATION DATE [MONTH/YEAR] _____ BILLING ZIP CODE _____

CARDHOLDER PRINTED NAME [AS IT APPEARS ON YOUR CARD] _____

CARDHOLDER SIGNATURE _____

Join online at www.apna.org/JoinNow
Questions? Visit www.apna.org or call 855-863-APNA (2762)

American Psychiatric Nurses Association