

Contact Information

<hr/>		
FIRST NAME	MIDDLE	LAST NAME
<hr/>		
CREDENTIALS (BSN, RN, MSN, PMHCNS, etc.)		
<hr/>		
TITLE / ORGANIZATION		
<hr/>		
ADDRESS		Circle One: HOME / WORK
<hr/>		
CITY	STATE	ZIP CODE
<hr/>		
HOME PHONE / CELL		BUSINESS PHONE
<hr/>		
E-MAIL ADDRESS (required)		
<hr/>		
EMAIL NOTIFICATIONS		
<input type="checkbox"/> YES, I would like to receive email notifications from APNA. <input type="checkbox"/> NO, I would like to opt out of receiving email notifications from APNA.		
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HOW DID YOU HEAR ABOUT APNA?		\$
<hr/>		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\$145
- ☐ 2 Years\$280
- ☐ 3 Years\$415
- ☐ **Student Member**\$35
(Verification of full time status required. Visit apna.org/studentmembership for more info.)
- ☐ **Retired Member**\$75
- ☐ **International Member**\$145
- ☐ **Affiliate Member (Non-R.N.)**\$145

American Psychiatric Nurses Association memberships and membership renewals are final and are not refundable. The minimum membership requirement is 1 year.

Method of Payment

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

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AMOUNT CHARGED	
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CARD NUMBER	CVV CODE
<hr/>	
EXPIRATION DATE [MONTH/YEAR]	BILLING ZIP CODE
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CARDHOLDER PRINTED NAME [AS IT APPEARS ON YOUR CARD]	
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CARDHOLDER SIGNATURE	