APNA

MEMBERSHIP APPLICATION

Completed applications should be mailed with payment to:

APNA
P.O. Box 70525
Philadelphia, PA 19176-9943

Contact Information

FIRST NAME MIDDLE LAST NAME

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

TITLE / ORGANIZATION

ADDRESS Circle One: HOME / WORK

CITY STATE ZIP CODE

HOME PHONE / CELL

E-MAIL ADDRESS (required) BUSINESS PHONE

EMAIL NOTIFICATIONS

☐ YES, I would like to receive email notifications from APNA. ☐ NO, I would like to opt out of receiving email notifications from APNA.

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
(Verification of full time status required. Visit apna.org/studentmembership for more info.)

☐ **Retired** Member $75

☐ **International** Member $135

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

Method of Payment

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

AMOUNT CHARGED

CARD NUMBER CVV CODE

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