Ohio Association of Advanced Practice Nurses
Membership Form

☐ NEW ☐ RENEWAL **Date**_____

Name: _____
Last First MI

Address: _____
Street City State Zip

Employer: _____

Phone: (h) _____ **must be listed if using credit card

(w) _____ **Fax:** (w/h) _____

E-Mail address: _____

Region in which you will attend meetings: (Circle one)

Northwest Ohio - Cleveland - Youngstown - Columbus - South Central Ohio - Dayton - Cincinnati
*Toledo *Lima *Sandusky *Canton *Mansfield *Fairfield County

APN Certification (If Student, please circle area of Study):

CNP CNS CNM CRNA

Specialty: _____ _____

Are you interested in volunteering for a local/state committee?: (Circle one)

Regional Meetings Communications (Newsletter/website) Education (CNE/Annual Meeting) Legislation Reimbursement

Membership Type: (Circle one) Regular $99 Student $45 Retired $45 Affiliate $250

** All renewal memberships please check "Members Only" area to update user profile

Payment Choice: (Circle one) Check Master Card Visa American Express Discover

Card# _____ Exp date _____

Signature: _____

Please mail form and payment to:
OAAPN
5818 Wilmington Pike #300
Dayton, Ohio 45459

OR

Fax with credit information to: 1-866-529-6822

Questions? Phone: 1-866-668-3839

You will receive an email with your OAAPN member ID number. This member ID number will allow you to "register" on our home page **www.oaapn.org** for access to our "Members Only" page which includes: Job opportunities, Regional information, Legislative and Reimbursement committee alerts, current/archived newsletters, message board, and searchable member database.
Please call Marcia Albers, Executive Director at 1-866-668-3839 with any questions.

OAAPN Political Action Committee (PAC)

We request donations which will be contributed to legislators who support OAAPN priorities.
You may find more information at www.oaapn.org.

Please note this donation requires separate check made payable to:
OAAPN PAC Your contribution can be charged to your credit card by checking box below.

☐ Check enclosed ☐ Apply to credit card (information included above)

Thank You! Amount $_____

Postmarked | Received | New Member ID | Check Date | Ck #/Trans ID | Check Amount

Update dbase | Sent Email | Deposit | Payer (If different than member)