OAAPN

Ohio Association of Advanced Practice Nurses

Membership Application

Please join or renew online at www.oaapn.org. It's fast and easy!

If you have forgotten your username and/or password, send us an e-mail at info@oaapn.org.

☐ **NEW** ☐ **RENEWAL**

Name: _____ ***Ohio County:** _____
First M.I. Last

Address: _____
Street City State Zip

Employer: _____ **Employer City:** _____

***Best Phone Number: ( )** _____ **Referred By:** _____

***E-mail Address:** _____ ***APRN Certification** *(If Student, please circle area of Study)*:
CNP CNS CNM CRNA

******Information required to process your membership*.

***Please select chapter(s) that you wish to receive notification of chapter meetings (you must select at least one to *process your membership).**

Northwest	*Northeast*	*Central*	*Southwest*	*Southeast*
❏ Auglaize-Mercer	❏ Canton	❏ Columbus	❏ Cincinnati	❏ Athens
❏ Bowling Green	❏ Cleveland	❏ Mt. Vernon	❏ Dayton	❏ Portsmouth
❏ Defiance	❏ Lake County	❏ Upper Sandusky	❏ Hamilton	❏ Jackson
❏ Lima	❏ Medina			❏ Tuscarawas County
❏ Toledo	❏ Youngstown			

Membership Type:

Regular:	$_____	($125)
Student:**	$_____	($45)
Retired:	$_____	($45)
Associate:	$_____	($125) *Individuals Only*
Supporting:	$_____	($500)
Total	**$**_____	

Students membership is open to registered nurses enrolled in a program for **initial certification as a CNS, CRNA, CNM, or CRNP.

Payment Choice: ❏ Check ❏ Credit Card

Card #_____

Exp. Date _____ CVC _____

Signature: _____

Please mail form and payment to:
OAAPN • 17 S. High Street • Suite 200 • Columbus, OH 43215

Thank you! Once your membership is processed you will receive a confirmation e-mail with your username and how to log onto the OAAPN website. Please e-mail any questions to: info@oaapn.org or call 1-866-668-3839.

_____	_____	_____	_____
Received	Ck #/Trans ID	Amount	Processed