## **MEMBERSHIP APPLICATION 2018**



OAAPN is the professional association for APRNs practicing in Ohio.

□ NEW MEMBER	□ RENEWAL				
Full Name		Ohio C	Ohio County		
Address					
Employer		Employ	er City		
Phone			Referred By		
APRN CERTIFICATIO	N (If you are a student, circ	ele your area of study)			
CNP CNS	CNM CRNA				
OIVI OIVO	OTHER T				
Please circle the chapte	er(s) that you wish to recei	ve notification of chapter r	neetings (you must select at l	east one).	
NORTHWEST	NORTHEAST	CENTRAL	SOUTHWEST	SOUTHEAST	
Auglaize-Mercer	Canton	Columbus	Cincinnati	Portsmouth	
Bowling Green	Cleveland	Mount Vernon	Dayton	Jackson	
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Lima	Medina	Newark / Zanesville	Darke-Miami County	Hocking Hills	
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MEMBERSHIP TYPE		PAYMI	PAYMENT INFORMATION		
☐ Regular: \$125		☐ Che	☐ Check		
☐ Student: \$45*		☐ Cre	☐ Credit Card		
☐ Retired: \$45		Card N	Card Number		
☐ Associate: \$125 (Individuals Only)		Exp. D	ate C	VC	
☐ Supporting: \$500					
	n to registered nurses enrolled in as a CNS, CRNA, CNM or CRNP				
Please mail yo	our form and payment	to: OAAPN   17 S. Hi	gh Street, Suite 200   C	olumbus, Ohio 43215	
Thank you! Once your	mambarchin is processed	VALL WILL FARABLE A ARREST	ation omail with valir licarese	no and how to loc anta the	

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