

MEMBERSHIP APPLICATION 2019



OAAPN is the professional association for APRNs practicing in Ohio.

You can join or renew online at oaapn.org! | If you do not have your log in information, email info@oaapn.org.

NEW MEMBER RENEWAL

Full Name _____ Ohio County _____

Address _____

Employer _____ Employer City _____

Phone _____ Referred By _____

Email _____

APRN CERTIFICATION (If you are a student, circle your area of study)

CNP CNS CNM CRNA

Please circle the chapter(s) that you wish to receive notification of chapter meetings (you must select at least one).

NORTHWEST	NORTHEAST	CENTRAL	SOUTHWEST	SOUTHEAST
Auglaize-Mercer	Canton	Columbus	Cincinnati	Portsmouth
Bowling Green	Cleveland	Mount Vernon	Dayton	Jackson
Defiance	Lake County	Upper Sandusky	Hamilton	Tuscarawas County
Lima	Medina	Newark / Zanesville	Darke-Miami County	Hocking Hills
Toledo	Youngstown			Steubenville
Sandusky	Wooster			Meigs County

MEMBERSHIP TYPE

- Regular (1 year): \$125
- Regular (3 years): \$300 (you save \$75!)
- Student: \$45*
- Retired: \$45
- Associate: \$125 (Individuals Only)
- Supporting: \$500

PAYMENT INFORMATION

- Check
- Credit Card
- Card Number _____
- Exp. Date _____ CVC _____

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

Please mail your form and payment to: OAAPN | 17 S. High Street, Suite 200 | Columbus, Ohio 43215

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

RECEIVED _____ CK # / TRANS ID _____ AMOUNT _____ PROCESSED _____