MEMBERSHIP APPLICATION 2019

OAAPN
Ohio Association of Advanced Practice Nurses

OAAPN is <u>the</u> 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	Circleville		Steubenville
Sandusky	Wooster			Meigs County
				Ross County

MEMBERSHIP TYPE

☐ Regular (1 year): $125

☐ Regular (3 years): $300 (you save $75!)

☐ Student: $45*

☐ Retired: $45

☐ Associate: $125 (Individuals Only)

☐ Supporting: $500

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

PAYMENT INFORMATION

☐ Check

☐ Credit Card

Card Number _____

Exp. Date _____   CVC _____

Please mail your form and payment to: OAAPN | 400 W. Wilson Bridge Rd, Ste. 120 | Worthington OH 43085

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 _____