



Georgia Chapter
of the National Association of
Pediatric Nurse Practitioners

2008-2009
Membership Application

Name _____

New Member _____ Renewal _____ Information Update _____

Address _____

City _____ State _____ Zip _____

Telephone (H) _____ (W) _____

(Cell) _____ Fax _____

E-Mail _____

Social Security # (last 4 digits) _____ RN License # _____

Employer _____

Full Time _____ Part time _____

NP Program attend(ed/ing) _____

Date of graduation _____ Certified? _____

Certifying Organization _____

National NAPNAP membership # _____ Status _____

Degrees _____

Please make check Payable to Georgia Chapter of NAPNAP

Date: _____ Check # _____

Send completed form and check to: Sandee Zehnder, 305 Stone Mill Trail, Sandy Springs, GA 30328-2116

Membership Dues: \$45 \$55(non-national members)

Student Dues: \$20 \$25(non-national members)

New Graduates: \$25

*\$5 of membership dues will be donated to the Lynn Schriber scholarship fund.