



EL PASO area ADVANCED PRACTICE NURSES  
MEMBERSHIP FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

SPECIALTY: \_\_\_\_\_

CERTIFICATIONS: \_\_\_\_\_

COMMITTEE/S INTERESTED IN:

- NOMINATIONS/ELECTIONS
- LEGISLATIVE ISSUES
- EDUCATION/CONFERENCE
- BYLAWS
- FACEBOOK/WEBPAGE
- SERVICE PROJECTS

MEMBERSHIP DUES:

- REGULAR= \$100/YEAR
  - NP STUDENT= \$25/YEAR
  - ASSOCIATE = \$100/YEAR
- (Pay w/SQUARE, cash, check)

Make checks payable to  
EPAPN and mail to:  
P.O Box 640538  
El Paso, TX 79904

Are you willing to be a mentor or preceptor to new NPs or students?

- Yes                       No                       Maybe later

PLEASE WRITE LEGIBLY. THANK YOU!