Hawaii Chapter of the National Association of Pediatric Nurse Practitioners
2008– 2009 Membership Application

Please print legibly or type:

Last Name:_____ First Name: _____

Address: _____ Apt #: _____

City: _____ State:_____ Zip Code: _____

Home Phone: _____ Other Phone: _____ E-mail: _____

Mother's Maiden Name: _____

Type of application: ☐ New Member ☐ Renewal
☐ Graduate Student ☐ Undergraduate Student

Professional Status:

☐ PNP ☐ NP Student ☐ APRN
☐ FNP ☐ CNS ☐ Other (specify) _____

Work: Employer: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____

Title: _____

*Please indicate practice area or specialty: _____

Committee Participation Interests

☐ Education ☐ Legislative ☐ Community Relations
☐ Newsletter ☐ Membership ☐ Annual Conference

Periodically, the Hawaii Chapter of NAPNAP receives requests from other professional organizations or medical/pharmaceutical companies for our mailing list. Please indicate below whether or not you wish have your name and address included in such a list:

☐ YES, please include my name and address on the mailing list that may be available to outside organizations or companies.

☐ NO, I do not wish to have my name and address included on any mailing list that might be available to outside companies or organizations.

****

Please read and sign below

The Hawaii Chapter membership runs from June 1st to May 31st. Membership dues are $25.00 per year and are payable to the **"Hawaii Chapter of NAPNAP"**. Student membership is $15.00 per year. National Membership is required for **voting** chapter members. Dues from chapter membership cannot be applied to National membership. Renewals and new applications may be submitted at any time and sent along with dues to:

Karen J. Blundon, NAPNAP Membership Chair
PO Box 25153
Honolulu, HI 96825

By signing below, I have read and understand the above, and hereby apply for membership in the Hawaii Chapter of NAPNAP.

_____ _____ _____
Signature of Applicant Date Check # Amount

*For more information: Contact Karen J. Blundon, Membership, 808-295-2909 (cell).