SNAP Society of Nurses in Advanced Practice

Membership form

Please print legibly

Date: _____

Name: _____

NP☐ CNS ☐ APN Student ☐ Retired ☐

Home address: _____

City: _____ State: _____ ZIP: _____

Practice Name: _____

Office Address: _____

City: _____ State: _____ ZIP: _____

Specialty: _____

Phone: Cell: _____ Work: _____

Email: _____

Education: _____

Certification: ANCC ☐ AANP ☐ OTHER _____

Will you be willing to be a preceptor for NP/CNS students? ◯ Yes ◯ No

Membership is from July 01 to June 30 annually
Annual membership dues are collected from the Annual CE event through June 30th.
May also pay online on our website, www.snapaprn.org or by
Venmo: Barbara Chavez@Barbara-Chavez-34

Dues: APN: $50.00
APN Student: $30.00

Mail to: SNAP
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Merrillville, IN 46410-1496