

# Valley Advanced Practice Nurse Association

Rio Grande Valley  
*Serving Our Communities*



## Membership Application / Renewal / Conference

Or pay online @ <https://myvapna.org>

Office Use Only

Date: \_\_\_\_\_

Receipt: \_\_\_\_\_

Initials: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State Zip Code

Phone/Cell: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

**Check all that apply:** VAPNA Member Before?  Yes  No

Other Membership:  TNP  SIGMA  TNA  AANP

Education:  MSN  APRN  DNP Specialty: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ School/University: \_\_\_\_\_

**Employer (If APRN student please specify school):**

\_\_\_\_\_  Present Position  University

\_\_\_\_\_  
City State Zip Code

Annual Membership Dues:  \$50 - APRNs  \$30 - APRN Students

Annual Conference\*:  \$150 (Member)  \$200 (Non-Member)  \$75 (Student)

**\*Late Fee at the Door: + \$50**

Total Enclosed \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Credit Card-Type: \_\_\_\_\_ # \_\_\_\_\_

Exp: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_