

## Personal Information

Member Profile Information			
Full Name		Credentials (e.g., DNP, APRN, FNP-BC)	
Street Address		City	State Zip
Home Phone	Mobile Phone	County	Email
Year I began (or anticipate)	<input type="checkbox"/> I authorize TNP to send me updates and other information via text message.	Birthdate	<input type="checkbox"/> Please send me a 25% birthday discount promo code.

## Membership Type – Select One

Member Type	Description	✓	Amount
First Year NP Student (FREE)*	Student currently enrolled in an entry-level or advanced NP program (eligible to 1 <sup>st</sup> year NP students only)		FREE
Student Member	Student currently enrolled in an entry-level or advanced NP program. Program: <input type="checkbox"/> NP <input type="checkbox"/> PhD <input type="checkbox"/> DNP		\$65
First Year Graduate	Newly graduated NP who is in the first year of their profession (limited to one-year term)		\$100
Regular Member	Nurse Practitioner with current certification	1 Year	\$155
		2 Year	\$285
		3 Year	\$415
Legacy Member	Lifetime membership is \$1,500. (No expiration date or annual renewal fees – Can be paid in 4 quarterly installments of \$375.)		\$1,500 (full) or \$375 (1 <sup>st</sup> Pmt)
Associate Member	RN who is not an NP in support of the purposes and goals of TNP		\$115
Retired Member	NP who has retired from practice or other professional NP employment		\$75
Military / Veteran Discount	In our thanks for your service, this discount may be used on any new/renewing dues (all member types) for active military/veteran members. If joining online, please apply promo code <i>TNPMilitary</i> at checkout to receive the discount.		(-\$50)

## Professional Information

Authorized to Practice As	Population Focus	Current Practice Setting(s)			
<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Acute Care Adult	<input type="checkbox"/> Correctional Health	<input type="checkbox"/> Hospital	<input type="checkbox"/> Occupational Health	<input type="checkbox"/> Skilled Nursing Facility
<input type="checkbox"/> Clinical Nurse Specialist	<input type="checkbox"/> Acute Care Adult/Gerontology	<input type="checkbox"/> Emergency Care	<input type="checkbox"/> Hospital-Owned Outpatient Clinic	<input type="checkbox"/> Physician Owned Practice	<input type="checkbox"/> Telehealth
<input type="checkbox"/> Nurse Anesthetist	<input type="checkbox"/> Acute Care Pediatrics	<input type="checkbox"/> FQHC / Community Health Center	<input type="checkbox"/> NP Owned Practice	<input type="checkbox"/> Rural Health Clinic	<input type="checkbox"/> Urgent Care
<input type="checkbox"/> Nurse Midwife	<input type="checkbox"/> Adult	<input type="checkbox"/> Home Health	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> School Health	<input type="checkbox"/> Other
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Adult/Gerontology				
<input type="checkbox"/> Student	<input type="checkbox"/> Family				
	<input type="checkbox"/> Neonatal				
	<input type="checkbox"/> Psychiatric / Mental Health				
	<input type="checkbox"/> Women's Health				

## Payment Method (Membership dues are nonrefundable)

Pay by credit card below. Pay by check (payable to Texas Nurse Practitioners), by mailing application and check to address below.			
Pay by Card:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name		CVC	Exp. Date
Signature		Credit Card #	