SOUTH PLAINS NURSE PRACTITIONERS ASSOCIATION MEMBERSHIP FORM 2019

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please check: NP\_\_\_\_\_\_ Student\_\_\_\_\_\_

Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT:

University Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you give permission to SPNPA to publish your e-mail address on the SPNPA website? YES NO

Are you interested in precepting students? YES NO

May we share your address for educational purposes outside the SPNPA meetings? YES NO

Please complete this form and submit to Treasurer along with payment. May mail form/payment to:

SPNPA P.O. Box 93435 Lubbock, Texas 79413

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| **DATE** | **DUES AMOUNT** | **TNP MEMBER** | **PAYMENT** | **RECEIVED BY** |
| \_\_\_\_/\_\_\_\_/2019 | $60/$30 | YES NO | CASH CHECK  CREDIT CARD |  |