



# Membership Application

## PLEASE SELECT MEMBERSHIP CLASSIFICATION:

- NEW MEMBERSHIP       RENEWED MEMBERSHIP

Full Membership.....\$95

Associate Membership.....\$50

- Nurse Practitioner

- Student Nurse Practitioner

- Retired Nurse Practitioner

- CNS / RN / Other Non NP Clinician \*

\* No Corporate Memberships Available

Membership calendar year runs from July 1<sup>st</sup> to June 30<sup>th</sup>. This membership expires 6/30.

**New applicants must fill out this form in its entirety. Renewals need only fill out name and any necessary changes in information.**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

WORK CITY \_\_\_\_\_ WORK STATE \_\_\_\_\_ WORK ZIP \_\_\_\_\_

WORK PHONE # \_\_\_\_\_

### PROFESSIONAL TITLE

- Nurse Practitioner
- Clinical Nurse Specialist
- Nurse Midwife
- Nurse Anesthetist
- Physician Assistant
- Registered Nurse
- Other \_\_\_\_\_

### SPECIALITY

- Adult Primary Care
- Family Practice
- Occupational Health
- OB/GYN
- Women's Health
- Pediatrics
- Gerontology
- Acute Care
- Other \_\_\_\_\_

### REGIONAL GROUP

- Pioneer Valley
- Cape & Islands
- Metro South
- Southeastern Mass
- North Shore NP's
- Merrimac Valley
- Berkshire MP's
- Marlboro Advanced NP's
- Greater Boston
- Greater Worcester

**Unless otherwise requested, MCNP Newsletters, Legislative Updates, Educational Offerings, Meeting Notices and Employment Opportunities are sent via email.**

### PLEASE CHECK ALL THAT APPLY:

- Please REMOVE MY NAME from the Job Posting Email List
- Please send POSTAL IN ADDITION TO EMAIL notices for regional meetings

### MEMBER DIRECTORY PREFERENCES:

- Please DO NOT list my email in the ONLINE member directory
- Please DO NOT list my work address in the ONLINE member directory
- Please DO NOT list my work phone in the ONLINE member directory
- Please LIST my work address in the PUBLIC NP directory
- Please LIST my work phone in the PUBLIC NP directory

### PLEASE MAKE CHECK PAYABLE TO MCNP AND MAIL THIS FORM ALONG WITH YOUR CHECK TO:

**MCNP  
PO Box 1153  
Littleton, MA 01460**

**MCNP-PAC:** In addition, please accept my contribution of \$\_\_\_\_\_ to further the work of the MCNP Political Action Committee.

(Using a **SEPARATE CHECK**, please make payable to "MCNP-PAC")