

# Membership & Renewal Application



## Contact Information

Name				
Street Address				
City, State, ZIP Code				
	<i>Preferred Order of Contact</i>			
Home Phone	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Work Phone	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Mobile Phone	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
E-Mail Address	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

## Education & Practice

Type of APRN:  NP  CNS  Nurse Midwife  Nurse Anesthetist

Specialty:

Basic APRN Education/Training:  MSN  DNP  Certificate

Highest Degree Obtained:  MSN  DNP  Alma Mater:

Type of Practice:  Group Private Practice  Solo Practice  Corporate Group Practice  
 Solo Practice in Shared Space  Government  
 Other:

Practice Specialty:

If you are in a group practice, are your partners  MDs?  DOs?  Other NPs? (click all that apply)

Work/Practice name and address:

## Other

Would you like to be listed in our preceptor data base?  Yes  No

Can we list you in our membership directory?  Yes  No

How did you hear about us?

Were you referred by another WCAPN member?  Yes  No

If yes, who can we thank for the referral?

Why did you join WCAPN?

What other membership benefits or services could we provide for you?

Would you be interested in joining a committee or running for office in the future?

Yes    No

If yes, which committees or offices are you interested in pursuing:

*Committees:*

- Membership
- Education
- Nominations
- Public Relations
- Legislative
- Conference

*Elected Offices:*

- President Elect
- Secretary
- Treasurer
- Member at Large

### Membership Options

Membership is from September 1<sup>st</sup> through August 31<sup>st</sup>

- WCAPN Membership (APRNs, NPs, CNMs and CRNAs)--\$100
- Student Membership for RNs enrolled in graduate Nursing/NP Program--\$50

### Payment Method

You can also join directly online at [www.wcapn.org](http://www.wcapn.org)

<input type="checkbox"/>	Check — made payable to “WCAPN”		
<input type="checkbox"/>	Credit Card		
Type of Card:	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX   Discover		
Card Number:			
Expiration Date:		CVV:	
Name on Card:			
Billing Zip Code:			
Signature:			
Email Receipt to:			

### Mail or Email form to:

WCAPN  
1740H Dell Range Blvd, Suite16  
Cheyenne, Wyoming 82009  
Phone and Fax: 307-274-4495  
[wcapnstaff@wcapn.org](mailto:wcapnstaff@wcapn.org)