

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 1st through August 31st

- WCAPN Membership (APRNs, NPs, CNMs and CRNAs)--\$75
- Student Membership for RNs enrolled in graduate Nursing/NP Program--\$50

Payment Method

You can also join directly online at 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
1740 Dell Range Blvd, Suite H16
Cheyenne, Wyoming 82009
Phone and Fax: 307-274-4495
wcapnstaff@wcapn.org