

**ASSOCIATION OF FACULTIES OF PEDIATRIC NURSE
PRACTITIONERS (AFPNP)**

Membership Application

**Dues for the 2003-2004 year: \$50
(Membership year begins 7/03 and ends 6/04)**

NAME: _____

DEGREES: _____

HOME ADDRESS: _____

HOME PHONE: _____

TITLE: _____

PRACTICE/SCHOLARLY INTERESTS: _____

WORK ADDRESS: _____

WORK PHONE: _____ **FAX:** _____

E-MAIL: _____

**Please remit to:
AFPNP, Inc.
Elaine O'Leary
2512 Spruce St.
Bakersfield, CA 93301**

**Make checks payable to: AFPNP, Inc.

(If your school sends a check,
please make sure YOUR name is on it.)**