

Nebraska Nurse Practitioner Membership Application

New Member **Renewal**

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone (with area code): _____

Work Phone: _____

Place of employment: _____

Do you consider your place of employment to be RURAL YES NO

Fax: _____

Email: _____

(You will receive an EMAIL when your membership is due to renew)

Specialty: _____ Graduation Date (if a student): _____

Do you own your own practice? YES NO

Does NNP have permission to add your demographic information to a database on our website that is behind the firewall? YES NO

Yearly Dues

Full Membership = \$70.00

Student Membership = \$35.00

Retired Membership = \$35.00

- Full rate (\$70.00) is an APRN who has already completed her/his education for advanced practice nursing. Those members who go on to obtain further education are still considered a Full member and would renew at the Full member fee.
- Student rate (\$35.00) is open to all registered nurses currently enrolled in course of study preparing them to be a nurse practitioner. Student membership shall have all the responsibility and privileges of active members except the right to vote and hold office.
- Retired rate (\$35.00) is any NP retired from NP practice. A retired member has all rights of membership with state level voting and office holding.

Send Application and check payable to NNP to:

Kelly Fields, APRN

3930 Mescal Circle

Lincoln, NE 68516

Credit Card number _____

Billing street number (for example 3930) _____ and billing zip code (for example 68516) _____ Expiration Date _____

Renew on-line at www.nebraskanp.org

Email Kelly at kfields@neb.rr.com to clarify when your annual payment is due or to update your email address and/or demographics