



Dear Advanced Practice Nurse,

We are pleased that you are renewing or joining our organization. Please complete the following membership form, detach, and mail with your dues or bring with you to the next meeting.

Our meetings are the **last Thursday of every other month** beginning each January.

Annual memberships are for each calendar year only—beginning each January and ending each December. Annual dues are as follows \*:

- Member \$35
- Student \$15 (non-voting status)

In addition, a guest may attend a meeting/dinner/presentation for \$10 each time. (A guest is a MD, DO, MSN, or PA.)

\* \$10 discount off annual membership dues if you are a verified member of TNA (send TNA membership card copy if mailing or bring to meeting **WHEN PAYING DUES** for discount).

MTAPN is a non-profit organization dedicated to promoting advanced practice nurses in the Middle Tennessee area through continuing education opportunities, legislation updates, networking activities, and promotion of advanced practice nurses' roles in the community.

We look forward to building a stronger organization because of your participation and to promote your role as an advanced practice nurse!

Julie Hamm, ACNP-BC  
President

Please note that upon processing of your initial application, MTAPN will mail your card or you can pick it up at the next meeting. Please check the website [www.mtapn.org](http://www.mtapn.org) to RSVP for the dinner meetings or off-month educational offerings.

**Middle Tennessee Advanced Practice Nurses**  
**Membership Application / Renewal Form**  
*(Print and fill the information out)*

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Check type of membership:**    New Member    Member Renewal    New Student    Student Renewal    Guest

**E-Mail Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Specialty/Department:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**I am willing to precept students:**    Yes    No

**I am interested in participating with the following committee:**

- Program    Membership    Legislation    Awards    Website    As needed

Please mail to: MTAPN, 1195 Gray Road, White Bluff, TN 37187

\*\*\* CHECKS or CASH only \*\*\*