



Membership Year 2009-2010

One Capitol Mall, Suite 320
Sacramento, CA 95814
Tel: 916.441.1361
Fax: 916.444.7462
Join on line at www.canpweb.org

New Member Renewing Member

NAME _____ CREDENTIAL _____

PREFERRED E-MAIL (used only by CANP for CANP updates) _____

Please complete both addresses and then mark your mailing address preference:

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME TELEPHONE (_____) _____

BUSINESS NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ BUSINESS TELEPHONE (_____) _____

REFERRED BY _____ CA RN LICENSE # _____ Date of Birth (month/date) _____

CANP Membership Categories – Chapter dues are included in State dues

Regular NP

\$250 – Full Membership
Membership good till June 30, 2010

\$175 – First Year Graduate
Membership good till June 30, 2010

ASSOCIATE

\$160-Membership
Membership good till June 30, 2010

STUDENT

\$125-Membership
Membership good till June 30, 2010

Full Membership is extended to those NPs licensed to practice and reside in California. This member shall have full and exclusive voting privileges and rights to hold office.

First Year Graduate members must provide diploma or transcript showing graduation date occurring during December 2008 through November 2009 to qualify for this discounted rate and is good for one year only. This member shall have full and exclusive voting privileges and renewal will be at Full Membership rate.

Associate Membership is extended to those individuals who are retired NPs, out-of-state NPs or those interested in and/or associated with the profession, but who are not included in any other classification of membership. These members shall not have the right to vote or hold office.

NP Student Membership is extended to students enrolled (full or part time) in an accredited Nurse Practitioner program and to those who renew their student membership, limited to two years. School and graduation date must be provided. These members shall not have the right to vote or hold office, but may sit on committees.

REQUIRED INFORMATION FOR STUDENT MEMBERSHIP:

SCHOOL _____ GRADUATION DATE _____

SPECIALTY (INDICATE YOUR PRIMARY SPECIALTY – i.e. Adult, Cardiology, Pediatrics, Women’s Health, etc.) _____

Payment

CANP Political Action Committee PAC ID # 860692 \$ _____

Dues \$ _____

Total \$ _____

Please consider making a contribution of \$25, \$50, \$100 or any amount you can contribute to the CANP PAC Fund. Your contribution will help ensure Nurse Practitioners have a strong voice in our State Capitol.

Payment Options:

Check # _____ enclosed (**Checks payable to CANP**) Visa MasterCard American Express Discover

Card Number _____ V-Code _____ Expiration Date _____

Name on Card _____ Signature _____

Your check or money order is your receipt. Pursuant to Federal Law, we must notify you that 25% of your dues are for lobbying expenses and are not tax deductible. The remainders of CANP dues are not tax deductible as a charitable contribution for Federal Tax purposes, but may be deductible as a business expense. All contributions and gifts to the CANP PAC are considered political contributions and are not tax deductible.

P L E A S E C O M P L E T E B A C K O F A P P L I C A T I O N

CANP Committees

I am interested in serving on one of these committees when the opportunity is available:

- Membership
- Educational Affairs
- Public Relations

CANP Resource

I am interested in being a resource when an expert is needed for media, legislative purposes, etc. My area of expertise is:

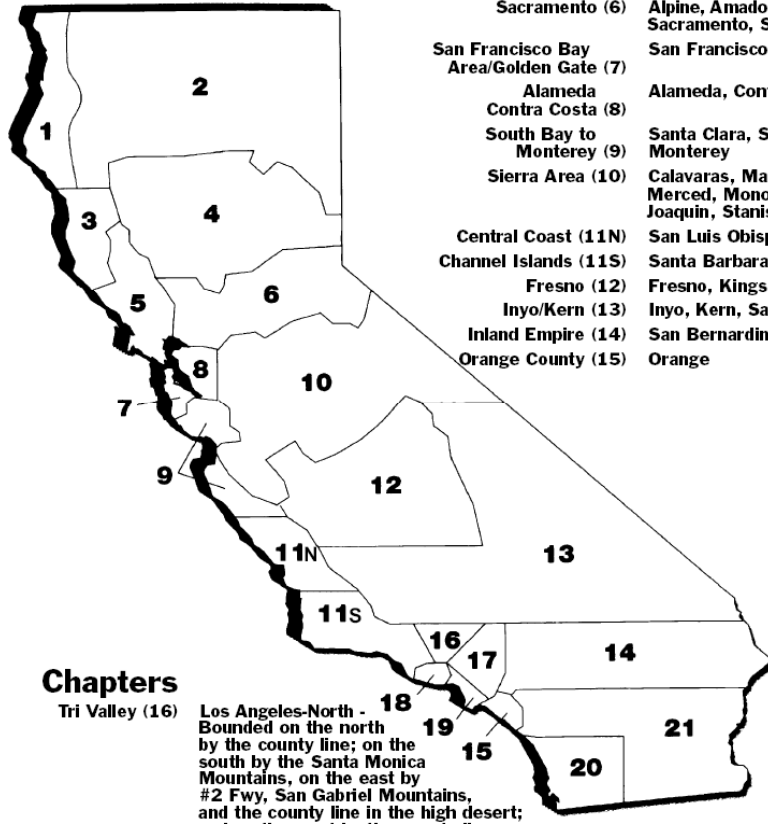
CANP Member Communications

- I do not wish to appear on the consumer searchable database.
- I do not wish to receive fax or email correspondence from CANP.
- Please remove me from outside (organizations not endorsed by CANP) mailing list requests

CANP Chapter Selection

Please select your chapter using this map. Select only one.

- (1) North Coast
- (2) Redding
- (3) Mendocino (not affiliated)
- (4) Three Rivers
- (5) North Bay
- (6) Sacramento
- (7) San Francisco Bay Area/Golden Gate
- (8) Alameda Contra Costa
- (9) South Bay to Monterey
- (10) Sierra Area
- (11N) Central Coast (not affiliated)
- (11S) Channel Islands
- (12) Fresno
- (13) Inyo/Kern (not affiliated)
- (14) Inland Empire
- (15) Orange County
- (16) Tri Valley
- (17) Greater Pasadena
- (18) West Los Angeles
- (19) South Bay
- (20) San Diego
- (21) Coachella Valley



Chapters

- North Coast (1)** Del Norte, Humboldt
- Redding (2)** Lassen, Modoc, Shasta, Siskiyou, Trinity
- Mendocino (3)** Mendocino (not affiliated)
- Three Rivers (4)** Butte, Colusa, Glenn, Nevada, Plumas, Sierra, Sutter, Tehama, Yuba
- North Bay (5)** Lake, Marin, Napa, Sonoma
- Sacramento (6)** Alpine, Amador, El Dorado, Placer, Sacramento, Solano, Yolo
- San Francisco Bay Area/Golden Gate (7)** San Francisco, San Mateo
- Alameda Contra Costa (8)** Alameda, Contra Costa
- South Bay to Monterey (9)** Santa Clara, Santa Cruz, Monterey
- Sierra Area (10)** Calaveras, Madera, Mariposa, Merced, Mono, San Benito, San Joaquin, Stanislaus, Tuolumne
- Central Coast (11N)** San Luis Obispo
- Channel Islands (11S)** Santa Barbara, Ventura
- Fresno (12)** Fresno, Kings, Tulare
- Inyo/Kern (13)** Inyo, Kern, San Bernardino-North
- Inland Empire (14)** San Bernardino-South
- Orange County (15)** Orange

Chapters

- Tri Valley (16)** Los Angeles-North - Bounded on the north by the county line; on the south by the Santa Monica Mountains, on the east by #2 Fwy, San Gabriel Mountains, and the county line in the high desert; and on the west by the county line.
- Greater Pasadena (17)** Los Angeles-East - Bounded on the north by the San Gabriel Mountains; on the south by the #105 Fwy and the county line; on the east by the county line; and on the west by the #2 and #10 Fwys.
- West Los Angeles (18)** Los Angeles-West - Bounded on the north by the Santa Monica Mountains, the south by the #105 FWY; the east by the #710 Fwy; and the west by the coast.
- South Bay (19)** Los Angeles-South - Bounded on the north by the #105 Fwy; the south by the coast; the east by the county line, the west by the coast.
- San Diego (20)** San Diego
- Coachella Valley (21)** Imperial, Riverside

CANP Membership Agreement

Upon submission of this application, I hereby agree to act in accordance with the laws, rules, and regulations of the state of California, the federal government, and in accordance with the Code of Ethics, Standards of Practice, and bylaws of the California Association for Nurse Practitioners. Failure to do so may result in the termination of my membership without refund. Once accepted into membership, dues are non-refundable. I understand that I will receive correspondence via fax/phone/e-mail sent by or on behalf of the California Association for Nurse Practitioners (CANP).

SIGNATURE _____ DATE _____