



Mississippi Association of Nurse Practitioners

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Membership Form

NAME: _____ CREDENTIALS: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ Alternate: _____

EMAIL ADDRESS: _____

Mississippi APRN License Number _____

<p><u>MEMBERSHIP TYPE</u></p> <p>ANNUAL</p> <p>MONTHLY</p> <p>STUDENT ANNUAL</p> <p>RETIRED</p>	<p><u>MEMBERSHIP PRICE OPTIONS</u></p> <p><input type="checkbox"/> \$300 FOR 1 YEAR</p> <p><input type="checkbox"/> \$25 MONTHLY FOR 12 MONTHS</p> <p><input type="checkbox"/> \$100 FOR 1 YEAR</p> <p><input type="checkbox"/> \$150 FOR 1 YEAR</p>
<p><u>PAC Contribution</u></p>	<p>I want to contribute to the Political Action Committee Monthly \$_____ Credit Card listed below or EFT (voided check attached for monthly EFT contributions)</p> <p>One Time Only contribute to the Political Action Committee</p> <p><input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> \$_____</p> <p>Dues are not deductible as charitable contributions for tax purposes but may be deductible as a business expense. However, that percentage of dues paid for lobbying (35%) is not deductible as a business expense. <i>Early cancellations of monthly membership will be billed for the remaining month(s) at the time of cancellation.</i></p>

METHOD OF PAYMENT

CREDIT CARD – Please charge my:    

CARD NUMBER: _____ Exp Date (Month/Year) _____ Code: _____

TOTAL AMOUNT: \$ _____ NAME AS IT APPEARS ON CARD: _____

SIGNATURE: _____ Date _____

BILLING STREET ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____