



TEXAS NURSE PRACTITIONERS

MEMBERSHIP FORM

Full Name _____ Email _____

Title _____ Preferred Address _____

TNP ID Number (If Renewal) _____ City _____ State _____ Zip _____

County _____ Home Phone _____ Work Phone _____

Professional Information:

Are you recognized as an APN by the Texas BON? yes no

If yes, what specialty are you recognized as by the BON?

- Adult Gerontology School
 Acute Care Neonatal Women's Health
 Emergency Pediatric Psychiatric/Mental Health
 Family Perinatal Other: _____

Clinical Focus:

What is your current clinical focus?

(Choose all that apply)

- Adult
 Acute Care
 Cardiology
 College Health
 Correctional
 Dermatology
 Emergency
 Endocrinology
 Faculty (NP Program)
 Faculty (BSN Program)
 Faculty (Medical School)
 Family
 Family Planning
 Gastroenterology
 Gerontologic
 Internal Medicine
 Neonatal
 Neurology
 Oncology
 Ophthalmology
 Orthopedic
 Palliative Care
 Pediatric
 Psychiatric
 School
 Surgery
 Urology
 Women's Health

Other: _____

Practice Settings:

(Choose all that apply)

- College Health Clinic
 Convenient Care/Retail Clinic
 Correctional/ Prison Facility
 Emergency Room/Urgent Care Clinic
 Employee/Occupational Health
 HMO
 Home Health Care
 Hospice
 Hospital Owned Outpatient Clinic
 In-Patient Hospital
 Long Term Care Facility
 Management/Administration
 Military
 NP Program Faculty
 Private NP Practice
 Private Physician Practice
 Public Health NP
 School Health Clinic
 VA Facility

Other: _____

Preceptor List: I would like to be on the TNP

Preceptor List: yes no

Forum: I would like to join the TNP Mental Health/Psychiatric Forum: yes no

Undergraduate Education:

Degree: _____

Institution: _____

Graduate Education:

Degree: _____

Institution: _____

Membership Categories:

Regular Membership Fee \$115

Student Membership Fee \$55

(*Students are required to provide proof of student status.)

Retired Membership Fee \$75

Associate Membership Fee \$100

New Renewal

If new, how did you hear about TNP?

Legislative Donation \$ _____

Education Donation \$ _____

(Membership dues to TNP are not deductible as charitable contributions or business expenses for Federal Income purposes.)

Payment Method:

Enclosed is my check payable to:

Texas Nurse Practitioners

Please charge to: Visa Mastercard

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Card Security Code (last 3 digits from back of card) Exp. Date _____

Signature _____

Please mail this form with payment to:

Texas Nurse Practitioners
4425 S. Mopac, Building III, Suite 405
Austin, Texas 78735

Or fax if paying by credit card to:

512.291.6225

Questions? Call 512.291.6224 or

email: info@texasnp.org

Visit www.texasnp.org