The Nurse Practioner Council of Coastal Georgia
P.O. Box 14046
Savannah, Georgia 31416

Membership Application

Name: _____

Address: _____

City: _____

State: _____ Zip _____

Home Phone: _____

Work Phone: _____

Fax: _____

e-Mail: _____

Type of NP: _____

Degrees/Credentials: _____

Employer: _____

Job Title: _____

Newsletter Preference (circle one): e-Mail Snail Mail

Regular Member: ___ Dues: $50

Student/Auxiliary Member: ___ Dues: $25

Please indicate the activities of the NP Council in which you will participate:

Legislative Committee ___ Newsletter Committee ___
Fund-raising Committee ___ Public Relations Committee ___
Membership/Dues Committee ___ Database Committee ___
Conference/Program ___ Other ___

Membership dues are $50 annually due in January of each year. A new member may join at any time; dues are $50 for any portion of the year in which they are paid.

Make check payable to: The Nurse Practioner Council of Coastal GA
P.O. Box 14046
Savannah, Georgia 31416

Dues Year:_____ Amount Paid:_____ Date:_____