

Membership Form

Please provide your e-mail address to take advantage of all your GAPNA membership benefits.

Membership ID#: _____

Name: _____

Credentials: _____

Address: _____ Home Work

City: _____ State: _____ Zip: _____

E-mail Address: _____

Employer: _____

Preferred Phone: (_____) _____ Cell Work

Birth Month / Year: _____ / _____

Who Referred You To GAPNA? _____

SAVE TIME – Join GAPNA online at gapna.org

GAPNA PROFILE QUESTIONS

1. Gender

- Male
 Female
 Non-Binary
 Transgender Male
 Transgender Female
 Other
 Prefer not to answer

2. Ethnicity

- White/Caucasian
 Hispanic or Latino
 Black or African American
 Native American or American Indian
 Asian/Pacific Islander
 Other
 Prefer not to answer

3. Level of Education

- Masters In Nursing
 Masters in other
 PhD
 DNP
 EdD
 DNS
 Certificate
 RN
 Other

4. Year as an APRN

- Less than 1 year
 1 – 5 years
 6 – 10 years
 11 – 15 years
 16 – 20 years
 20 + years
 Currently not an APRN

5. Years specialized in gerontology

- Less than 1
 1-5
 6-10
 10+

6. PRIMARY Role Focus

- Direct Care
 Administration/ Management
 Education
 Research
 Consultation

7. SECONDARY Role Focus

- Direct Care
 Administration/Management
 Education
 Research
 Consultation

8. PRIMARY Practice Setting

- LTC/SNF/Assisted Living
 Outpatient/Ambulatory Care
 Acute Care
 Academia
 Home-based Primary Care

9. SECONDARY Practice Setting

- LTC/SNF/Assisted Living
 Outpatient/Ambulatory Care
 Acute Care
 Academia
 Home-based Primary Care

10. Are you a current APRN? (multi)

- NP
 CNS
 CRNAs
 CNMs
 Other
 None

11. If you are an APRN what is your current area of certification? (multi)

- Gerontological
 Adult
 Adult/Gerontological
 Acute Care
 Psych and Mental Health
 Family
 Other

12. Do you have an additional specialty certification? (multi)

- Gerontological Specialist Certified
 Hospice/Palliative Care/ Pain Management
 Diabetes Management. Advanced
 Wound Care or Wound/Ostomy Care
 Other

13. Do you have prescriptive authority?

- Yes
 No

14. Can you prescribe controlled substances?

- Yes
 No

15. What is your level of influence in making industry purchases?

- Yes
 No

16. What is your PRIMARY area of clinical expertise?

- Complementary Alternative Medicine
 Cardiovascular
 Dermatology
 Diabetes/Endocrine
 End of Life
 Gastrointestinal
 Genitourinary
 Hematology/Oncology
 Infectious Disease
 Musculoskeletal
 Neurological
 Pain Management
 Procedures
 Psychiatric
 Pulmonology
 Women's Health
 Wound Care/Ostomy
 Other

17. What is your SECONDARY area of clinical expertise?

- Complementary Alternative Medicine
 Cardiovascular
 Dermatology
 Diabetes/Endocrine
 End of Life
 Gastrointestinal
 Genitourinary
 Hematology/Oncology
 Infectious Disease
 Musculoskeletal
 Neurological
 Pain Management
 Procedures
 Psychiatric
 Pulmonology
 Women's Health
 Wound Care/Ostomy
 Other

You are automatically assigned to a GAPNA chapter based on your address. Please contact the National Office for more information!

A portion of your dues is applied to a subscription to *Geriatric Nursing* and membership in one chapter.

Member Category (check one)

- | | | | |
|-----------|--------------------------------------|---------------------------------------|---------------------------------------|
| Regular | <input type="checkbox"/> 1yr – \$125 | <input type="checkbox"/> 2yrs – \$240 | <input type="checkbox"/> 3yrs – \$360 |
| Associate | <input type="checkbox"/> 1yr – \$125 | <input type="checkbox"/> 2yrs – \$240 | <input type="checkbox"/> 3yrs – \$360 |
| Retired | <input type="checkbox"/> 1yr – \$95 | N/A | N/A |
| Student | <input type="checkbox"/> 1yr – \$95 | N/A | N/A |

Check is enclosed (payable in US Funds to GAPNA)

Charge my VISA MC AMEX

Amount \$ _____ Exp. ____ / ____

Name on card: _____

Account #: _____

Card security code: _____

(3-digit code found on back of Visa & Mastercard;

4-digit code front of American Express)

Billing Address (Street # only): _____

Billing Zip Code: _____

Signature: _____

GAPNA National Office
 Box 56, Pitman, NJ 08071-0056
 Phone 866-355-1392, Fax 856-589-7463
 E-mail: gapna@gapna.com • Web site: www.gapna.org