



Mississippi Association of Nurse Practitioners

1888 Main St, Suite C312 | Madison, MS 39110 | (601) 407-3226 | www.msanp.org | msanp@msanp.org

Membership Form

NAME: _____ CREDENTIALS: _____

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

PHONE: _____ Alternate: _____

EMAIL ADDRESS: _____

Mississippi APRN License Number _____

MEMBERSHIP TYPE

ANNUAL

MONTHLY

STUDENT ANNUAL

RETIRED

MEMBERSHIP PRICE OPTIONS

☐ \$300 FOR 1 YEAR

☐ \$25 MONTHLY FOR 12 MONTHS

☐ \$100 FOR 1 YEAR

☐ \$150 FOR 1 YEAR

PAC Contribution

I want to contribute to the Political Action Committee
Monthly \$_____ Credit Card listed below or
EFT (voided check attached for monthly EFT contributions)

One Time Only contribute to the Political Action Committee

☐ \$25 ☐ \$50 ☐ \$75 ☐ \$100 ☐ \$_____

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. *Early cancellations of monthly membership will be billed for the remaining month(s) at the time of cancellation.*

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: _____

Mississippi's Only State Association Completely Devoted to Nurse Practitioners