



Mississippi Association of Nurse Practitioners

1888 Main St, Suite C312 | Madison, MS 39110 | <https://www.msanp.org> | email: msanp@msanp.org
PH (601) 407-3226 | Fax (601) 510-7833

Membership Form

NAME: _____ CREDENTIALS: _____

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

PHONE: _____ Alternate: _____

EMAIL ADDRESS: _____

Mississippi APRN License Number _____

<u>MEMBERSHIP TYPE</u>	<u>MEMBERSHIP PRICE OPTIONS</u>
ANNUAL	<input type="checkbox"/> \$300 FOR 1 YEAR
MONTHLY	<input type="checkbox"/> \$25 MONTHLY FOR 12 MONTHS
STUDENT ANNUAL	<input type="checkbox"/> \$100 FOR 1 YEAR
RETIRED	<input type="checkbox"/> \$150 FOR 1 YEAR
<u>PAC Contribution</u>	<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 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> \$ _____</p> <p><small>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></small></p>

Fax (601) 510-7833 or email to msanp@msanp.org

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: _____