



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: _____

CELL PHONE: _____ Alternate: _____

EMAIL ADDRESS: _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

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

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

PAC Contribution

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. Monthly membership early cancellations will be billed for the remaining months at 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