

# APGNN Institutional Discount Application- 2026

- For institutions who support their staff through APGNN membership, APGNN offers a "Buy Three, Get One Free Membership" incentive. Institutions will receive a complimentary 4th membership for every three memberships that are purchased. All applications from the institution are submitted together (4+ applicants)
- All purchases are to be made in one payment by the institution (no individual members).
- Memberships are non-transferable
- Incentive is available for both New Member and Renewal applications; the APGNN Membership Chair will determine the most appropriate pairings to obtain the institutional discount.

## Instructions for Submission:

- Please identify one point-person for your institution who will be responsible for organizing the application and submitting payment.
- Send each applicant (new or renewal) the attached "**APGNN Institutional Discount - Membership Application**". Each applicant should fill out the application and return to the institution's point-person.
- Institution's point-person should submit this cover page and all member applications in one document via email to the APGNN Membership Chair (Rhys David: [rdavid@rchsd.org](mailto:rdavid@rchsd.org)) and Lisa Clayton, APGNN Membership Liaison (Lisa Clayton: [lclayton@naspghan.org](mailto:lclayton@naspghan.org))
- If fax or hard-copy mail is preferred, please email Lisa Clayton alerting her to the incoming application.
- Once each member's application is reviewed, the institution will receive an invoice and payment will be processed.
- Please provide credit card information below, or mail check after the invoice is processed.

**Annual Membership Dues:** \$90 Full Membership / \$55 Associate Membership / \$72 Joint Membership

- **Full** – Nursing professions (RN, APRN, LPN) and Physician Assistants (PA) working in GI full or part time; not Industry/Pharma
- **Associate** – Non-nursing professions (RD, Social Worker, Psychologist, etc.) working full or part time in GI, resident outside US/Canada, or anyone (including nursing professions) working in Industry/Pharma
- **Joint NAPNAP Membership** – Applicants who are members of NAPNAP will receive a 20% discount
- **Joint Society of Pediatric Nurses Membership** – Applicants who are members of SPN will receive a 20% discount

## Optional Resources:

- **\$ 65 Subscription to Journal of Pediatric Gastroenterology & Nutrition**
  - Number of subscriptions: \_\_\_\_\_
- **\$ 40 for the Hard Copy or Electronic Copy of the 4th edition Clinical Handbook**
- **\$ 20 for Hard Copy or Electronic Copy for new APGNN members**
  - Number of hard copy books. Renewing members: \_\_\_\_ New members: \_\_\_\_
  - Number of electronic copy books. Renewing members: \_\_\_\_ New Members: \_\_\_\_
- **\$ 60 for both Hard Copy & Electronic version of the 4th edition Clinical Handbook**
- **\$ 40 for both Hard Copy & Electronic for new APGNN Members**
  - Number of bundles. Renewing members: \_\_\_\_ New Members: \_\_\_\_

**INSTITUTION CONTACT** (must be the same on all applications): \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**PAYMENT:** Credit Card: \_\_\_\_\_ Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Verification Code: \_\_\_\_\_ Name on Card: \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO APGNN (one check per Institution)

## SUBMISSION:

- **Email:** Rhys David ([rdavid@rchsd.org](mailto:rdavid@rchsd.org))- APGNN Membership Chair and Lisa Clayton, APGNN Membership Liaison ([lclayton@naspghan.org](mailto:lclayton@naspghan.org))
- **Mail:** NASPGHAN & APGNN Office / 714 N. Bethlehem Pike - Suite 300 / Ambler, PA 19002
- **Fax:** 215-641-1995

# APGNN Institutional Discount - Membership Application 2026

Your institution is utilizing the APGNN Institutional Membership Incentive, in which your yearly APGNN dues will be paid by your institution. Please fill out the below application and return to your institution's point person who is organizing the APGNN Membership Sign-up/Renewal. Your application will be sent to APGNN with all others from your institution as one submission.

**Name of Institution:** \_\_\_\_\_

**Institution Contact:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **Professional Title:** \_\_\_\_\_

**New Member:** \_\_\_\_\_ **Renewing Member:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Areas of Interest:** \_\_\_\_\_

**Credentials:** \_\_\_\_\_

*Examples: RN, APRN, LPN, PA, RD, Medical Assistant, Social Worker, Psychologist, Pharma/Industry, Other*

**Highest Level of Education:** \_\_\_\_\_

*Examples: BSN, MSN, DNP, PhD, Associate, Baccalaureate, Master's, Doctorate, Other*

## Please select APGNN Membership type:

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- o **Full** – Nursing professions (RN, APRN, LPN) and Physician Assistant working in GI full or part time; not Industry/Pharma
- o **Associate** – Non-nursing professions (RD, Social Worker, Psychologist, etc.) working full or part time in GI, resident outside US/Canada, or anyone (including nursing professions) working in Industry/Pharma
- o **Joint NAPNAP Membership** – Applicants who are members of NAPNAP will receive a 20% discount
  - o Check if current NAPNAP dues are paid to date
- o **Joint Society of Pediatric Nurses Membership** – Applicants who are members of SPN will receive a 20% discount
  - o Check if current SPN dues are paid to date

## Please select the APGNN committee(s) you are interested in joining:

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- o **Program** – Planning of the annual APGNN conference content (topics, speaker recruitment, etc.)
- o **Clinical Inquiry** – Review grant applications and input on research projects and initiatives
- o **Patient & Professional Education** – Development of patient & family educational materials as well as professional resources
- o **Membership** – Involved in recruitment and retention, revise benefits, review award applications
- o **Clinical Practice** – Development and maintenance of nursing education modules, including the GI Certificate Program
- o **Media** – Contributes articles/ideas to newsletter and social media platforms, updating members to pertinent information (hot topics, deadlines) through these avenues

For questions about membership, please contact Rhys David ([rdavid@rchsd.org](mailto:rdavid@rchsd.org))