

# APGNN Membership Application 2024

## Type of Membership

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- Full** – Nursing professions (RN, APRN, LPN) working in GI full or part time; not Industry/Pharma.
- Associate** – Non-nursing professions (PA, 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.

## Information:

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Name: \_\_\_\_\_ Degree/s: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Position (LPN, RN, APRN, NP, PA, RD, MA, SW, Psych, Pharma/Industry, Research) other: \_\_\_\_\_

Employer: \_\_\_\_\_ Setting: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Work Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ (Gmail, Yahoo, AOL, Hotmail, etc.)

Years in GI Practice: \_\_\_\_\_ Preferred Mailing Address: € Work € Home

Areas of Interest: € General GI € Short bowel € Liver/Transplant € Celiac Disease € IBD € Motility

€ Procedures € Feeding/FTT € Functional € Allergic GI Other (please list) \_\_\_\_\_

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

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

## Payment:

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

Optional (please check if you would like to include in your initial payment):

€ \$ 65 **Subscription to Journal of Pediatric Gastroenterology & Nutrition**

€ \$ 10 **Clinical Handbook for new members while supplies last. Use Promotional Code APGNN2020 at check out. If you purchase this book separately, the cost is \$30.**

PLEASE MAKE CHECKS PAYABLE TO **APGNN**

Credit Card: \_\_\_\_\_ Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Verification Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

## Once application is completed, send with payment to:

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Stephanie Pagan, APGNN Membership Liaison ([spagan@naspghan.org](mailto:spagan@naspghan.org))

Mail: NASPGHAN 714 N. Bethlehem Pike, Suite 300, Ambler, PA 19002 Fax # 215-641-1995

Questions about membership please contact Macy Carobene at [mcaroben@montefiore.org](mailto:mcaroben@montefiore.org).

Memberships are non-transferable