2019 MEMBERSHIP APPLICATION

(COMPLETE FORM OR REGISTER ONLINE AT WWW.MICNP.ORG)

☐ NEW MEMBER	☐ RENEWAL

APPLICANT INFORMATION

Name:		Nursing License #:
Home address:		
City:	State:	Zip Code:
Phone:	Personal Email:	

WORK INFORMATION

Employer:		
Employer address:		
City:	State:	Zip Code:
Work Phone:	Work Email:	

PREFERRED EMAIL FOR MICNP COMMUNICATION (WILL DEFAULT TO PERSONAL IF NOT CHECKED): ☐PERSONAL ☐WORK

Please Select Chapter:

☐ ANN ARBOR ☐ CAPITAL AREA ☐ CENTRAL (Mt. Pleasant) ☐ EASTERN UP
☐ FLINT ☐ GREATER GRAND RAPIDS ☐ LAKESHORE (Holland) ☐ METRO (Detroit)
☐ NAPNN (UP) ☐ NORTHEAST (Alpena) ☐ NORTHWEST (formerly Petoskey) ☐ SOUTHWEST (Kalamazoo area)
☐ TRAVERSE AREA ☐ TRI-CITIES (Bay City, Saginaw, Midland)

Student Affiliate Chapter: **(additional dues w/student chapter apply)**

☐ MSU ☐ Oakland
☐ UofD Mercy ☐ UofM - AA
☐ UofM - Flint ☐ Wayne State

Student members only: School Attending:_____

Student members only: Grad Date (MM/YYYY):_____

Highest Degree You Currently Hold

☐BSN ☐MSN ☐MS ☐PhD ☐DNP

Specialty

☐ACNP ☐CNM ☐GNP ☐NNP ☐PNP ☐Student
☐ANP ☐FNP ☐MHNP ☐PMHNP ☐WHNP ☐Other:_____

Practice Area: (Complete list available online)

☐Adult/Primary Care ☐HIV/Aids ☐Ophthalmology
☐Allergy/Immunology ☐Infectious Disease ☐Pain Management
☐Cardiology ☐Internal Medicine ☐Palliative Care
☐Dermatology ☐Mental Health ☐Pediatrics
☐Endocrinology ☐Neonatal ☐Pulmonary
☐ENT ☐Nephrology ☐Rheumatology
☐Family Practice ☐Neurology ☐Sports Medicine
☐Gastroenterology ☐OB/GYN ☐Urology
☐Geriatrics ☐Oncology/Hematology ☐Women's Health

Indicate your work setting:

☐Administration ☐Nurse Managed Center
☐Community Based Clinic ☐NP Owned Practice
☐Correctional Facility ☐Occupational Health
☐Family Planning Center ☐Physician Owned Practice
☐Health Department ☐Retail Clinic
☐Home Health / Hospice ☐Retired
☐Hospital ☐School/University
☐Long-term Care ☐Urgent Care/ER Dept
☐N/A - Student ☐Veterans Administration

I AM WILLING TO BE CONTACTED AS A CLINICAL CONSULTANT	**☐YES ☐NO**
I AM WILLING TO BE AN EXPERT WITNESS	**☐YES ☐NO**
I AM ACCEPTING NEW PATIENTS & AM WILLING TO BE CONTACTED BY THE PUBLIC	**☐YES ☐NO**
I WANT TO BE INCLUDED IN THE MEMBER DIRECTORY	**☐YES ☐NO**

How did you hear about MICNP?	Referred by:
Signature of applicant:	Date:

REGULAR MEMBERSHIP DUES: $175 annually

STUDENT MEMBERSHIP DUES: $50 annually (RNs currently enrolled in a graduate Nursing/NP Track University)

RETIRED MEMBERSHIP DUES: $50 annually (Retired or over 65)

Send Checks to:

MICNP
PO Box 87934
Canton, MI 48187

**** When paying by check, membership is not considered active or renewed until payment is received ****