



# NP Week Special Membership

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Fax: 916.444.7462  
Join on-line at  
[www.canpweb.org](http://www.canpweb.org)

Join during National NP Week November 1-30, 2009  
**receive \$100 discount off membership price**  
 Membership expires June 30, 2010. *Offer extended to new members only.\**

## 2009-2010 Membership Year

NAME \_\_\_\_\_

CALIFORNIA RN LICENSE # \_\_\_\_\_ CREDENTIAL \_\_\_\_\_ Date of Birth (month/date) \_\_\_\_\_

Please complete both addresses and then mark your mailing address preference:

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME TELEPHONE (\_\_\_\_\_) \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ BUSINESS TELEPHONE (\_\_\_\_\_) \_\_\_\_\_

PREFERRED E-MAIL \_\_\_\_\_ PRIMARY FAX (\_\_\_\_\_) \_\_\_\_\_

REFERRED BY \_\_\_\_\_

### CANP Membership Category Eligible for NP Week

**FULL**  \$250 **\$150** Nurse practitioners licensed to practice and reside in California. Full members shall have full and exclusive voting privileges and rights to hold office. Chapter dues included in State dues and redirected to Chapter by State. **Offer extended to new members only.\***

*\*A new member is defined as one who has never held membership in CANP or one who has not been a CANP member since the 2007-2008 membership year. Membership dues are non transferable and non refundable. **Membership expires June 30, 2010.***

#### **SPECIALTY (INDICATE YOUR PRIMARY SPECIALTY)**

- |                                      |   |  |   |   |
|--------------------------------------|---|--|---|---|
| <input type="checkbox"/> Adult       | <input type="checkbox"/> Education/Research           | <input type="checkbox"/> Home Health           | <input type="checkbox"/> Oncology/Hematology        | <input type="checkbox"/> Urgent Care    |
| <input type="checkbox"/> Acute care  | <input type="checkbox"/> Emergency Room               | <input type="checkbox"/> Internal Medicine     | <input type="checkbox"/> Orthopedics/Phys. Medicine | <input type="checkbox"/> Urology        |
| <input type="checkbox"/> Adolescent  | <input type="checkbox"/> Endocrinology/Diabetes       | <input type="checkbox"/> Neonatal              | <input type="checkbox"/> Pediatrics                 | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> AIDS/HIV    | <input type="checkbox"/> Family Practice/Primary Care | <input type="checkbox"/> Nephrology            | <input type="checkbox"/> Psychiatric/Mental Health  | <input type="checkbox"/> Other _____    |
| <input type="checkbox"/> Cardiology  | <input type="checkbox"/> Geriatrics                   | <input type="checkbox"/> Obstetrics/Gynecology | <input type="checkbox"/> Public Health              |   |
| <input type="checkbox"/> Dermatology |   | <input type="checkbox"/> Occupational Health   | <input type="checkbox"/> Student Health             |   |

#### Payment

Payment Options:  Check # \_\_\_\_\_ enclosed (**Checks payable to CANP**)  Visa  MasterCard

Card Number \_\_\_\_\_ V-Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Your check or money order is your receipt. Pursuant to Federal Law, we must notify you that 25% of your dues are for lobbying expenses and are not tax deductible. The remainders of CANP dues are not tax deductible as a charitable contribution for Federal Tax purposes, but may be deductible as a business expense.

**P L E A S E   C O M P L E T E   B A C K   O F   A P P L I C A T I O N**

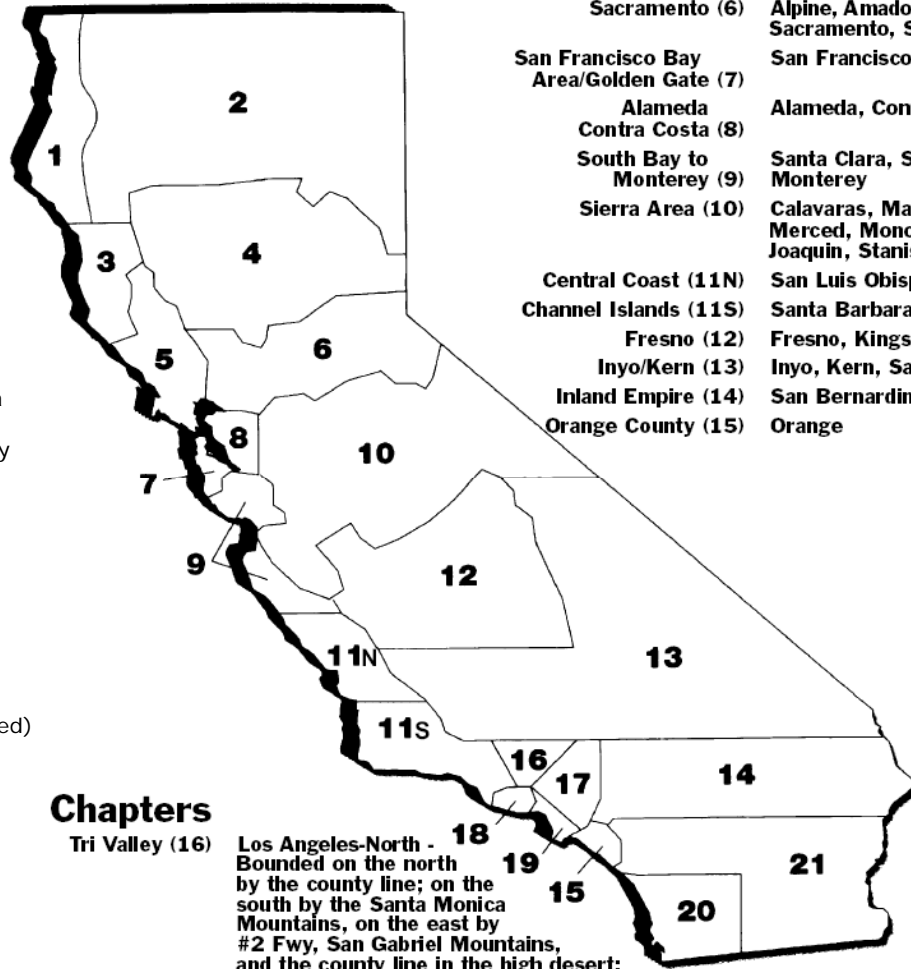
**CANP Member Communications**

- I do not wish to appear on the consumer searchable database.
- I do not wish to receive fax or email correspondence from CANP.
- Please remove me from outside (organizations not endorsed by CANP) mailing list requests

# CANP Chapter Selection

Please select your chapter using this map

- (1) North Coast
- (2) Redding
- (3) Mendocino (not affiliated)
- (4) Three Rivers
- (5) North Bay
- (6) Sacramento
- (7) San Francisco Bay Area/Golden Gate
- (8) Alameda Contra Costa
- (9) South Bay to Monterey
- (10) Sierra Area
- (11N) Central Coast (not affiliated)
- (11S) Channel Islands
- (12) Fresno
- (13) Inyo/Kern (not affiliated)
- (14) Inland Empire
- (15) Orange County
- (16) Tri Valley
- (17) Greater Pasadena
- (18) West Los Angeles
- (19) South Bay
- (20) San Diego
- (21) Coachella Valley



**Chapters**

- Tri Valley (16)** Los Angeles-North - Bounded on the north by the county line; on the south by the Santa Monica Mountains, on the east by #2 Fwy, San Gabriel Mountains, and the county line in the high desert; and on the west by the county line.
- Greater Pasadena (17)** Los Angeles-East - Bounded on the north by the San Gabriel Mountains; on the south by the #105 Fwy and the county line; on the east by the county line; and on the west by the #2 and #10 Fwys.
- West Los Angeles (18)** Los Angeles-West - Bounded on the north by the Santa Monica Mountains, the south by the #105 FWY; the east by the #710 Fwy; and the west by the coast.
- South Bay (19)** Los Angeles-South - Bounded on the north by the #105 Fwy; the south by the coast; the east by the county line, the west by the coast.
- San Diego (20)** San Diego
- Coachella Valley (21)** Imperial, Riverside

**Chapters**

- North Coast (1)** Del Norte, Humboldt
- Redding (2)** Lassen, Modoc, Shasta, Siskiyou, Trinity
- Mendocino (3)** Mendocino (not affiliated)
- Three Rivers (4)** Butte, Colusa, Glenn, Nevada, Plumas, Sierra, Sutter, Tehama, Yuba
- North Bay (5)** Lake, Marin, Napa, Sonoma
- Sacramento (6)** Alpine, Amador, El Dorado, Placer, Sacramento, Solano, Yolo
- San Francisco Bay Area/Golden Gate (7)** San Francisco, San Mateo
- Alameda Contra Costa (8)** Alameda, Contra Costa
- South Bay to Monterey (9)** Santa Clara, Santa Cruz, Monterey
- Sierra Area (10)** Calaveras, Madera, Mariposa, Merced, Mono, San Benito, San Joaquin, Stanislaus, Tuolumne
- Central Coast (11N)** San Luis Obispo
- Channel Islands (11S)** Santa Barbara, Ventura
- Fresno (12)** Fresno, Kings, Tulare
- Inyo/Kern (13)** Inyo, Kern, San Bernardino-North
- Inland Empire (14)** San Bernardino-South
- Orange County (15)** Orange

**CANP Membership Agreement**

Upon submission of this application, I hereby agree to act in accordance with the laws, rules, and regulations of the state of California, the federal government, and in accordance with the Code of Ethics, Standards of Practice, and bylaws of the California Association for Nurse Practitioners. Failure to do so may result in the termination of my membership without refund. Once accepted into membership, dues are non-refundable. I understand that I will receive correspondence via fax/phone/e-mail sent by or on behalf of the California Association for Nurse Practitioners (CANP).

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_