



North Dakota  
Nurse Practitioner Association

*The mission of NDNPA is to promote quality healthcare in North Dakota by support, advocacy, leadership and continued education of nurse practitioners*

## Membership Application

Date \_\_\_\_\_

**Name** \_\_\_\_\_  
(First) (Middle) (Last)

**E-mail** \_\_\_\_\_

**Mailing Address:** home\_\_\_\_ work\_\_\_\_

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

**Phone:**  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Cell: \_\_\_\_\_

I consent for my contact information to be made available to group members for networking purposes:

YES\_\_\_\_\_ NO\_\_\_\_\_

### For Students Only:

Name of School \_\_\_\_\_

Anticipated year of NP program completion: \_\_\_\_\_

**Dues:**  
Full: \$50.00/year  
Affiliate: \$25.00/year  
(Student, CNS, Nurse Midwives)

**A membership year will run from September 1st to August 31st annually.**

**Mail to:**  
North Dakota Nurse Practitioner Association  
7521 Beacon Loop  
Bismarck, ND 58501