



Georgia Chapter

Georgia Pediatric Nurses Association Application (GPNA)

(Please Print)

Please notify the office when your contact information changes! Thanks.

First Name _____ Last Name _____

LPN Diploma RN ADN RN BSN RN License Number _____

Preferred Mailing Address _____ Is This... Home Office

City _____ State _____ Zip _____ County _____

Phone _____ Fax _____ Email _____

Practice Name (If Applicable) _____

Lead Physician (If Applicable) _____

Practice/Office Manager _____

- Please indicate your work setting:
- Primary Care Pediatrics
 - Pediatric Subspecialty _____
 - Other _____

Please indicate your PRIMARY type of practice or employment:

- Private Practice (Solo)
- Private Practice (Group – 2 or more)
- Public Health (State or Local)
- Public Health (Federal)
- Other (please specify) _____
- Academic
- Hospital based (Includes administration and/or patient care)
- Managed Care (Includes administration and/or patient care)
- Military

Number of Years in Pediatric Less than 2 years 11-15 years

Nursing: 2-5 years 15-19 years

6-10 years 19 + years

Please turn over application & continue



Dues

Membership for GPNA is \$ 35 annually. For an additional \$ 35 per year, an Associate membership in the Georgia Chapter/AAP is included. Please mark your choice in the appropriate box below.

- Georgia Pediatric Nurses Association member only **\$ 35**
- GPNA & Associate member of the GA Chapter AAP **\$ 70**

Payment Enclosed Please Bill me

Please Charge my membership in the amount of \$ _____ to the following credit card.

Visa MasterCard American Express

Name on the Card: _____

Card Number: _____ Exp.: _____

Signature: _____

We are currently looking for nurses interested in volunteering for the steering committee of the Georgia Pediatric Nurses Association (GPNA). Being a committee member will involve meetings via conference calls on an as needed basis to discuss business of the group and plan the GPNA spring and fall education meetings. Georgia Chapter/AAP staff will assist in the administration functions for the meetings. For questions or more information please contact the Chapter liaison for GPNA, Jill Ray, RN at (404) 881-5081 or jray@gaaap.org.

I am interested in being on the planning/steering committee for GPNA.

Please return with payment:

*Georgia Chapter/American Academy of Pediatrics
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4/30/2007