

CENTRAL COAST NURSE PRACTITIONERS & PHYSICIAN ASSISTANTS

Membership Application Year: 20_____

Benefits of Membership: CCNPPA provides information about educational dinner lectures and meetings, job opportunities, updates regarding local, state, and national issues pertaining to physician assistants and advanced practice nurses, and networking opportunities. When possible, CCNPPA will organize educational opportunities that offer CEUs to our advanced practice nurses and physician assistants. CCNPPA participates in at least two community outreach programs yearly for the purpose of health screening and education. When funds allow, a donation is made annually to a local non-profit of the group's choice, and a scholarship is awarded to an NP or PA student who is a member of the group. A website at www.ccnppa.org is maintained.

Date: _____

Name: _____ NP PA CNS Midwife Student: NP PA

Mailing address: _____ City: _____ Zip code: _____

Preferred contact number: () _____ Home Cell Other: _____

Only CCNPPA board members will have access to your email address.
It will be used strictly as a means of communicating with you.

Email: _____ Specialty: _____

Employer: _____ Work phone: () _____

Membership dues: Annual (due in February): \$50.00
Half-annual (members joining after August 1st): \$25.00
Fully retired past CCNPPA members: \$25.00
NP / PA students: \$25.00 (anticipated graduation: _____)
Associate members: \$65.00

Per pharmaceutical regulations, all attendees must bring their current license numbers. When asked to sign in, DO NOT STATE RETIRED. There are very strict guidelines regarding who the pharmaceutical representatives can provide dinners to. Please respond to invites early and cancel if you know you cannot make it.

Please make checks out to CCNPPA. Send the check and this application to:

**Lisa Deng
1 Grand Ave
Cal Poly Health Center
San Luis Obispo, CA 93407-0210**

[For admin use] :: Date app rec'd: _____ Paid: _____ Email added: _____ Master list add: _____