



# National Perinatal Association

## Membership Application

Individuals - Students – Retirees – Parents

Please provide complete primary contact information Date \_\_\_\_\_

First Name \_\_\_\_\_ Title \_\_\_\_\_

Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ Fax \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Profession \_\_\_\_\_

### NPA Member Status

New Member  Renewing Member Are you also a member of your state perinatal organization?  Yes  No

Individual - \$75  Student - \$45  Retiree - \$45  Parent - \$45 \_\_\_\_\_

If you are a member of your state perinatal organization, you may deduct \$5 from your NPA membership fee. - \_\_\_\_\_  
Amount \_\_\_\_\_

### Journal Subscription

Yes, I wish to subscribe/renew my subscription to the Journal of Perinatology

Nonmember Rate: \$180.00

Member's Discount: - 135.00 (70% savings)

Member's Rate: \$ 55.00

Amount \_\_\_\_\_

Total \_\_\_\_\_

### Payment Method

Visa  MasterCard  Check (Please mail application with payment to address below)

**Credit Card Information** (Please fax to: 607-772-0468)

**Security Code/CCV** (3 digits on back of Visa/MC 4 on front of AMEX) \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on card \_\_\_\_\_ Total Charged \_\_\_\_\_

Signature \_\_\_\_\_

### Bring a Friend

How did you hear about the NPA? \_\_\_\_\_

Who suggested you join the NPA? \_\_\_\_\_

When someone you refer becomes a member of NPA, you get your next year's membership renewal for ½ price!

**Membership Applications for Support Groups, Corporations, Hospitals, CBP's, Public Health Entities, and State Perinatal Associations can be found at the NPA website: [www.nationalperinatal.org](http://www.nationalperinatal.org).**

National Perinatal Association  
457 State Street, Binghamton NY 13901  
Phone: 888-971-3295 Fax (607) 772-0468  
[www.nationalperinatal.org](http://www.nationalperinatal.org)