



## MEMBERSHIP APPLICATION

For

**Individual - Student - Retiree - Parent**

[www.nationalperinatal.org](http://www.nationalperinatal.org)

Phone: 888-971-3295 Fax: 703-684-5968

### PLEASE PROVIDE COMPLETE PRIMARY CONTACT INFORMATION

First Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Fax: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Date: \_\_\_\_\_

#### **NPA Status** (Please check the appropriate box)

New Member       Renewing Member

#### **Membership Category** (Please check the membership category that applies to you)

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

#### **Journal Subscription** (Please check if you wish to subscribe)

Yes, I wish to subscribe/renew my subscription to the Journal of Perinatology at the reduced rate of \$55 (per year) with my membership.

#### **Payment Method** (If paying by credit card)

Visa       MasterCard       Check Mail Membership Application with payment to:  
**2000 North Beauregard Street, 6<sup>th</sup> Floor**  
**Alexandria, VA 22311**

#### **Credit Card Information** (Please fax 703-684-5968)

Card Number: \_\_\_\_\_  
Expiration Number: \_\_\_\_\_  
Name on card: \_\_\_\_\_  
Total Charged: \_\_\_\_\_  
Signature: \_\_\_\_\_

2000 North Beauregard Street, 6<sup>th</sup> Floor, Alexandria, VA 22311  
Telephone 888-971-3295 Fax 703-684-5968  
Email: [npa@nationalperinatal.org](mailto:npa@nationalperinatal.org) Website: [www.nationalperinatal.org](http://www.nationalperinatal.org)

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## Profession *(Please select all that apply)*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Administrator             | <input type="checkbox"/> Educator                      | <input type="checkbox"/> Nurse (Other) |
| <input type="checkbox"/> Attorney                  | <input type="checkbox"/> Therapist (Occupational)      | <input type="checkbox"/> Physician     |
| <input type="checkbox"/> Midwife                   | <input type="checkbox"/> Therapist (Physical)          | <input type="checkbox"/> Retired       |
| <input type="checkbox"/> Clergy                    | <input type="checkbox"/> Therapist (Rehabilitation)    | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Clinical Nurse Specialist | <input type="checkbox"/> Therapist (Other)             | <input type="checkbox"/> Legislator    |
| <input type="checkbox"/> Consumer (Parent)         | <input type="checkbox"/> Nurse (RN)                    | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Consumer (Grandparent)    | <input type="checkbox"/> Nurse (BSN) (Please Identify) |  |
| <input type="checkbox"/> Dietitian                 | <input type="checkbox"/> Nurse (MSN)                   |  |

## Specialization *(Please select all that apply)*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Administration/Business | <input type="checkbox"/> Infant Development | <input type="checkbox"/> Perinatology        |
| <input type="checkbox"/> Development/Fundraising | <input type="checkbox"/> Neonatology        | <input type="checkbox"/> Public Health       |
| <input type="checkbox"/> Family Practice         | <input type="checkbox"/> Obstetrics         | <input type="checkbox"/> Women's Health Care |
| <input type="checkbox"/> Genetics                | <input type="checkbox"/> Pediatrics         | <input type="checkbox"/> Other _____         |

## Job Function *(Please select all that apply)*

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Parenting/Grandparenting | <input type="checkbox"/> Research    |
| <input type="checkbox"/> Consultation   | <input type="checkbox"/> Patient Care             | <input type="checkbox"/> Supervision |
| <input type="checkbox"/> Education      | <input type="checkbox"/> Public Health            | <input type="checkbox"/> Other _____ |

## Comments:

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