

MAAPPNG Membership Form – 2017-2018

Membership fee for active professionals: \$60; Retired members \$40; and Students \$10.

The Membership Year is from September through August. Please complete the information requested below and mail this form with your payment.

Last Name _____

First Name _____

Credentials: _____

Street Address: _____

City _____ **State** _____ **Zipcode** _____

Cell phone # _____

Email _____

Primary position: _____

Employer: _____

Business Address: _____

Highest Degree _____ **University** _____

ANCC Certification _____

Certification Specialty _____

Professional Interests _____

Please send check payable to MAAPPNG with form to :
Melanie Fisher
882 Woodland Ave SE
Atlanta, GA 30316
404-992-4118