



Eastern Massachusetts Chapter

Membership Renewal/Resource Directory
September 2008 to August 2009

Name: _____

Mother's Maiden Name: _____

Address: _____

Employer: _____

Title: _____

Home Phone: _____ Work _____ Cell _____

Email (please print clearly) _____

Professional Education:

School	City, State	Degree/Certification	Year

Professional Organizations:

Specialty/Practice Area: _____

Special Interest/Knowledge Areas: _____

Are you willing to speak to: individuals; small groups; large groups; news/media

Do you wish to become involved with one of the Chapter Committees:

Membership; Public Relations; Newsletter; Program Committee

Are you a: Preceptor New Member Renewing Member Student

Membership Dues: Member \$30 Student \$15 (Make checks payable to Eastern Mass NAPNAP)

Unless otherwise notified, EMNAPNAP will be sharing this information with our membership through a Resource Directory. Please indicate by checking the box if you do not wish to share this information in our directory.

MAIL FORMS and CHECK TO: Leah Cohen, 112 Maplewood Dr. Hanover, MA 02339

Eastern Massachusetts NAPNAP Website Image Release Form

I, _____, (insert your full name) give the Eastern Massachusetts Chapter of the National Association of Pediatric Nurse Practitioners permission to use any images, including photographs and video, taken of me at chapter meetings, conferences, or any other EMNAPNAP or NAPNAP function along with my name and any relevant chapter information.

I agree that EMNAPNAP may have unrestricted use of the above-mentioned images including but not limited to the use of the images on the EMNAPNAP website.

I hereby assign full copyright of any images taken by EMNAPNAP with the right of reproduction either wholly or in part.

I release and discharge any EMNAPNAP member who took the images of me, his/her heirs, executors, assigns and any designee from any and all claims and demands arising out of or in connection with the use of these images, including but not limited to any claims for defamation or invasion of privacy.

I am of legal age and have read the foregoing and fully understand the contents thereof.

Signature _____ Date ___/___/___

Print Name _____