



Membership Application 2024

Name:	Credentials:
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Employer:	Position:
Work Phone:	Work E-mail:

Cell Phone:	Personal E-mail:
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Preferred E-mail Address:	<input type="checkbox"/> Work	<input type="checkbox"/> Personal
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Are you an ANPD member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Information can be shared with the National Organization, ANPD?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Referred to CANPD by:		

Annual Dues*:	\$35.00
I opt out of the scholarship donation.	<input type="checkbox"/>
Optional Scholarship Donation:	\$
Total:	\$
Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Zelle canpd159@gmail.com	Make checks payable to: CANPD

***Dues are comprised of \$25 membership and \$10 Carmen Hovanec Scholarship.**

Email completed form and payment to: canpd159@gmail.com

Receipt

Chicago Association for Nursing Professional Development			
Annual dues	\$35.00	<input type="checkbox"/> Check #	<input type="checkbox"/> Cash
Optional Scholarship Donation (tax deductible)	\$	<input type="checkbox"/> Check #	<input type="checkbox"/> Cash
Member's name:			
Treasurer or Designate:			Date: