

**North Virginia Local Chapter Initial/Renewal or Interest Application**  
**NOVA ASPMN 4211 MAYPORT LANE FAIRFAX, VA 22033**  
[nova.aspmn@gmail.com](mailto:nova.aspmn@gmail.com)

**Check the appropriate box:**

**I wish to initiate or renew my membership with the Northern Virginia Local Chapter of ASPMN.** Please complete all information below. Please PRINT clearly.  
*If you will not be attending a meeting, submit your membership application/ fees by mail to the address above. **Membership dues are \$20 annually.***

**I am NOT interested in renewing my membership at this time but would like to be informed of future events and meetings.**

Please include your name/address below and mail/email to the address above.

**I am a current member of ASPMN at the national level.**  Yes  No  
***\*\*\*You must be a current national ASPMN member to be a chapter member. ASPMN website: [www.aspmn.org](http://www.aspmn.org)\*\*\****

**Name:** \_\_\_\_\_  
(include titles as you wish them to appear)

**Current Position:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
 Home  Work

**Phone Number (ext):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Would you like to be added to the listserv to receive announcements, information, and network with colleagues?  Yes  No

**Specialty area:** \_\_\_\_\_  
(oncology, PACU, hospice, chronic pain, etc.)

**Type of Setting:**  Academic  Inpatient Acute Care  Pain Clinic  Rehab  
 Long Term Care  Other: \_\_\_\_\_

**We would love to have you help on one of our committees. Please check which committees might interest you?**

- Education/Research  Budget/Finance  Membership  
 Nominating  Legislative/Legal/Community Outreach  
 Bylaws

Office Use Only
Dues _____
Card # _____
Comments _____
_____

**Do you have any special talents that might assist our organization?**  
(Finances, design, presentation, computers, etc.)

\_\_\_\_\_  
\_\_\_\_\_