



Volusia/Flagler Advanced Practice Nursing Council

Membership Form / Renewal Form 2008

Date: _____

Membership: NEW / RENEWAL

Name: _____

Address: _____

City: _____ State: FL Zip Code: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Referred by: _____

Employer: _____

Address: _____

Email Address: _____

Area of Practice: _____

Student: Yes No FNA member: Yes No Professional License # _____

Please circle all that apply: Would you like for your 1) email 2) home address 3) employer
to be placed on our "pass protected" "members only" website page?

****Notifications of meetings, correspondence, and job postings will be distributed via email****

Annual Dues: \$50.00
Payment due by February 29, 2008
After March 1st - \$60.00

Students and Retirees Annual Dues: \$25.00
After March 1st - \$35.00

Please make check payable to: VFAPNC
Mail to: Adrienne Dolinky, ARNP
VFAPNC Treasurer
45 Pheasant Drive
Palm Coast, FL 32164

PRINT CLEARLY PLEASE!!!