



San Antonio Nurses
In Advance Practice

New Membership Application

SANAP
PO BOX 690106
San Antonio, Texas, 78269
210-308-0002
www.sanap.org

Complete and return with dues payment
Full membership: \$50.00

Student / Associate Member (non-voting): \$25.00

Student Proof of enrollment

Name of program / school

Last Name

First Name

Middle initial

Birthdate

Specialty

Circle one
NP CNS CHM CRNA

Circle one
YES NO

Name you would like to use on SANAP badge

Your highest degree achieved

Your current Accreditation

Do you have prescriptive privileges?

Restrictions on your practice

Circle one Full Student

Type of NP

Circle one YES NO

Circle one YES NO

Circle one YES NO

Member Type

Payment date

Specialty Certification

Certifying agency

Are you willing to precept?

Are you a TNP member?

Would you be willing to receive mailings Fro organizations other than SANAP?

Home address

Home phone

Mobile phone

Home e-mail address

COPY OF CERTIFICATE: yes NO

City

State

Zip code

APRN License number

Work place

Work phone

Extension

Work e-mail

City

State

Zip code

Comments

STUDENTS:

Name of program

Type of program

RN license number

Graduation date