



**Massachusetts Association of Public Health Nurses
Membership Application 2014-2015**

Massachusetts Association of Public Health Nurses PO Box 537, Milton, MA 02186 www.maphn.org

Membership year runs July 1- June 30. **This membership will be active through June 30, 2015.**

Name (First MI Last) _____

Credentials _____ Title/Position _____

Type of Work Setting (Health Dept, VNA, etc) _____

Organization/Agency _____

Agency Address _____

City/State/ZIP _____

Home/Mailing Address _____

City/State/ZIP _____

Home Email Address _____ Work Email Address _____

Home Phone Number _____ Work Phone Number _____

Preferred Contact Location Home Work

Briefly describe professional experience or areas of expertise in Nursing:

Would you be willing to share your professional experience with other members? Yes No Undecided

Please select Member Category: New Renewal

\$75 Regular (Licensed nurse working in the specialty of public health nursing, including, but not limited to, those in a local, state, or federal public health agency)

\$75 Associate (Licensed nurse working in an affiliated specialty including, but not limited to, school health, higher education, community health, occupational health)

\$37.50 Retired (Age 62+, Nurse who has retired from specialty of public health as described in Regular category above, and no longer derives income from work-related activities.) **Declaration of status is required annually.**

\$37.50 Student (Student with an interest in public health enrolled in a professional degree-seeking nursing program [undergraduate/graduate/postgraduate]) Qualifying student should be taking 6 credit hours [undergraduate] or 3 credit hours [graduate/postgraduate] per semester, or comparable credits in a quarter system.) **Proof of enrollment required annually.**

*(Per MAPHN By-Laws Article III, only **Regular Members** are allowed to vote and serve on the Board of Directors.)*

\$15 of your annual MAPHN Dues goes toward the operation of the regional chapter of your choice.

Please select your regional chapter

Northeast Boston/Cambridge Metrowest/Central
 Southeast Western Cape & Islands

Make payment out to **MAPHN**, and send to:

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