OKLAHOMA NURSE PRACTITIONERS

APPLICATION FOR MEMBERSHIP

Use this application if you are writing a check and mailing your membership payment.

Name: _____
First Middle Initial Last

Home Address: _____
Street or PO Box City State Zip Code

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Highest Degree Achieved: ☐ Certificate ☐ Masters ☐ Doctorate

Committee preference or area of interest: _____

Employer: _____

Work Address: _____
Street or PO Box City State Zip Code

Title: _____

Dues:

☐ Regular $150.00

☐ Student.....$30.00

Payment Information:

Please make your check payable to ONP.
Mail it, along with this completed form to:
ONP
29850 South 567 Road
Monkey Island, OK 74331