

Date: _____

Due: _____

Florida Neonatal/Pediatric Transport Network Association, Inc

Membership Application

THE FLORIDA NEONATAL/PEDIATRIC TRANSPORT NETWORK ASSOCIATION IS AN ORGANIZATION DIRECTED TOWARD THE NETWORKING OF HEALTH CARE PROFESSIONALS INVOLVED IN THE TRANSPORT OF CRITICALLY ILL INFANTS AND CHILDREN. MEMBERSHIP IS OPEN TO PHYSICIANS, NURSES, RESPIRATORY THERAPISTS, PARAMEDICS AND EMTS WHO ARE INVOLVED OR INTERESTED IN NEONATAL/PEDIATRIC TRANSPORT.

ALL MEMBERSHIPS INCLUDE NEWSLETTER, MEETING NOTICES, LEGISLATIVE UPDATES, AND ADDITIONAL INFORMATION RELEVANT TO NEONATAL/PEDIATRIC TRANSPORT. ORGANIZATIONAL MEMBERSHIP INCLUDES VOTING MEMBERSHIP.

ANNUAL DUES:	_____ \$20.00	PERSONAL MEMBERSHIP
DUES	_____ \$100.00	ORGANIZATIONAL DUES (INCLUDES ONE VOTING MEMBERSHIP)
DUES	_____ \$150.00	CORPORATE MEMBERSHIP

NAME/TITLE: _____
(FOR ORGANIZATIONAL MEMBERSHIP, PLEASE INDICATE NAME OF VOTING MEMBER)

INSTITUTIONAL/ORGANIZATION: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

E-MAIL: _____

PLEASE RETURN COMPLETED APPLICATION WITH MEMBERSHIP DUES TO:

FLORIDA NEONATAL/PEDIATRIC TRANSPORT NETWORK ASSOC. (FNPTNA)

ATTN: Mary Jane Cosden

PO Box 9368

Fort Myers, Florida 33902-9368