



Advanced Practice Nurses of the Ozarks
P.O. Box 3216
Springfield, MO 65808
<http://www.apno.net>

Date _____

Name: _____
(Last Name) (First Name)

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____
(Please include area code)

Email Address: _____

(Please double check the spelling on email addresses—every space and dot is important!)

Certification/Specialty: _____

Place of Employment: _____

Position: _____

Street: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Work Fax: _____
Please include area code Please include area code

Please send APNO correspondence to me at: Home Work

I am interested in participating in the following:

- Committees – Education, Marketing, Scholarship, Membership
(please indicate if you have a preference)
- Precepting students

If you are a student, please indicate University attending _____

Note: Please PRINT clearly! Send this completed application form with your check (made payable to APNO) for \$50.00 (\$25.00 for students and retired advanced practice nurses) to the address below. You will receive a confirmation of your application in the mail within 2-4 weeks.