

** Please only include information you authorize to appear in the LCAPN membership directory which will be published on the LCAPN website. The directory will be password-protected and for members only.

Date:
Name:
Address:
Phone: Home: Work: Cell:
Fax:
** Email:
** Email is required for communication and will only be added to the directory if you give permission below.
<hr/>
<input type="checkbox"/> Please add my email to membership directory
<input type="checkbox"/> Please DO NOT add my email to membership directory
Medical area specialty:
Place of employment:

Please send Data Sheet with membership dues (\$35) to:

Rebecca Ford, Treasurer
4062 Babbitt Street
Charleston SC 29414
(Please make checks payable to LCAPN)

Please check this box if you have paid online at <http://lcapn.org> via Paypal.

Signature

Print Name

Date