

## NAPG Regular Member Application Form

Select the NAPG Credential level for which you are applying

- GRADUATE LEVEL/Gerontologist
- BACCALAUREATE LEVEL/Gerontological Specialist
- ASSOCIATE LEVEL/GERONTOLOGY CERTIFICATE/Gerontological Coordinator
- PROFESSIONAL/Scholar Affiliate

Name:

\_\_\_\_\_  
First Name/ Middle Initial/ Last Name

\_\_\_\_\_  
Degrees

\_\_\_\_\_  
Licenses/Certifications (if any)

Contact Information:

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Phone / \_\_\_\_\_  
FAX (optional)

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Employers Name (optional)

\_\_\_\_\_  
Position (optional)

I do and will continue to comply with NAPG Professional Code of Ethics and credentialing requirements. I certify that the statements herein are correct, and I hereby authorize any agency or supervisor to provide relevant information to the NAPG Board of Directors upon request. I understand that if awarded a credential and membership in NAPG I am authorized to use the letters C.P.G. (Credentialed Professional Gerontologist) after my name. I also understand that I may use the NAPG seal on my business cards but not on any sales or promotional materials or products without the explicit, written permission of NAPG.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date