

Contact Information

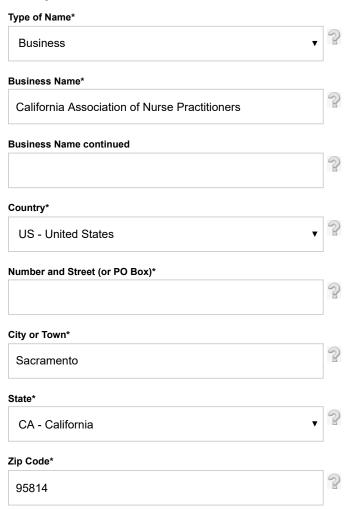
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Organization Address and Principal Officer Information

Organization's legal name: CALIFORNIA ASSOCIATION OF NURSE PRACTITIONERS KERN TULARE CHAPTER If your organization conducts business using another name (DBA), enter other name: * = required field Organization: **DBA Name DBA Name - continued ENTER ADDITIONAL DBA NAMES** Country* **US - United States** Number and Street (or PO Box)* City or Town* Bakersfield State* CA - California Zip Code* 93390 Organization's website address, if applicable

Principal Officer:



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