

SAMPLE RETENTION LETTER



[Date]

[Name & Address]

Dear ASPMN Member:

Your chapter membership is about to lapse (or has lapsed and we miss you)!

Your membership in the _____ Chapter is important to me as a fellow pain management nursing specialist, a member of this chapter, and a member of the ASPMN. As a professional, you will find that it is important to be a member of ASPMN to stay abreast of current developments and changes affecting our profession.

Your membership is important to our chapter because a strong support group is needed to address local issues effectively and enhance chapter activities. Your national membership is important because ASPMN is dedicated to producing quality educational opportunities to further improve pain management patient care. **Your membership counts!**

Please renew your _____ Chapter membership by completing the enclosed application. Chapter dues are \$_____. Mail your dues and application to the following:

[Chapter or Treasurer's Address]

Sincerely,

[Name]

Membership Chair

_____ Chapter of ASPMN