



**Infusion Nurses Society**  
**315 Norwood Park South**  
**Norwood, MA 02062**  
**(800) 694-0298**  
[www.ins1.org](http://www.ins1.org)

# MEMBERSHIP APPLICATION

## Applicant

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_  Ms.  Mrs.  Mr.  Dr.

## Date of Birth

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

## Credentials (check all that apply)

- AOCN®  BSN  CCRN  CIC  CRNI®  LPN/LVN  MBA  
 MD  MSN  OCN®  PhD  RN  RNC  RPh  
 Other \_\_\_\_\_

## Current Practice Setting

- Academic  Acute Care/Hospital  Ambulatory Infusion  Home Infusion  Hospice  Industry  Long-Term Care  Pharmacy  Physician's Office/Clinic  
 Other \_\_\_\_\_

## Home

Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Province (International Only) \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Preferred Mailing Address  Home  Business  
 Preferred Phone  Home  Business  Cell

## Business

Name of Business \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Province (International Only) \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

## Application Type

- New (First Time Joining)  
 Renewal (Current Member)  
 Rejoining (Lapsed Membership)

Member Number \_\_\_\_\_

## Membership

- Active (RN)  
 Associate (LPN, RPh, MD, etc)  
 Industry

## Fees

- Annual Membership Dues  \$105  
 Two-Year Membership  \$200  
 Three-Year Membership  \$285  
 Gardner Foundation Contribution  \$15

**Total \$** \_\_\_\_\_

## Payment

Check or Money order (DO NOT SEND CASH): Make check or money order payable to the **Infusion Nurses Society**. Mail with application to: **Infusion Nurses Society, 315 Norwood Park South, Norwood, MA 02062**. (Non-US residents, please pay in US Dollars.) Please remember, if you ordered a product, you must add \$10 to your order for shipping and handling and MA orders must also include 6.25% sales tax. Prices are subject to change.

Discover  Visa  MasterCard  AMEX CC Number \_\_\_\_\_ Expiration: mo/yr \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_ Signature \_\_\_\_\_

Please contact Membership Services for International, Alaska, and Hawaii shipping rates at (800) 694-0298. To fax your order: (781) 440-9409.

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