

**2025 MEMBERSHIP APPLICATION FOR THE GREATER HOUSTON AREA CHAPTER OF THE INFUSION NURSES SOCIETY**

*Please note that the national Infusion Nurses Society rules state that, in order to be a voting chapter member, you must also be a member of the national organization. Please go to [www.INS1.org](http://www.INS1.org) and complete the national INS membership application. Non-chapter members will be charged \$40.00/year or \$10.00/meeting to attend chapter meetings. This application is for local chapter membership only.*

DATE: \_\_\_\_\_ NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_  
NAME: \_\_\_\_\_  
E-MAIL (Please print) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: ( ) \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
WORK ADDRESS: \_\_\_\_\_

*Please note that employees of certain state or federal institutions have restrictions that apply to attending professional meetings. Please call Pam Clark at 281-726-8540 before joining the chapter so we can make you aware of these restrictions.*

LICENSE: (Circle all that apply)

RN LVN RPh PhT OTHER (SPECIFY) \_\_\_\_\_

Member National INS Yes \_\_\_\_\_ No \_\_\_\_\_

Please use the attached QR code to make a \$40.00 chapter dues payment for the 2025 calendar year.

Mode of payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Online \_\_\_\_\_

**This membership form is required in addition to your payment. Please complete and fax to 281-302-6668.**

