

**2024 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 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 2024 calendar year.

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



