

**2026 MEMBERSHIP APPLICATION FOR THE INFUSION
NURSES ASSOCIATION**

Organizations members will be charged \$40.00/year or \$10.00/meeting to attend chapter meetings.

DATE: _____
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) _____

Mode of payment: Cash _____ Check _____ Online _____

This membership form is required in addition to your payment. Please complete and give to Jo Stewart with your payment.