

Membership Application for the Greater Houston Area Chapter of the Infusion Nurses Society

Date: _____

New

Renewal

Name: _____

E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Employer: _____

Affiliations/Licenses: (Check all that apply): RN LPN CRNI OCN RPh Other

Member National INS

Member ONS

Member IgNS

Specialty Area (Check all that apply): I.V. Team Oncology Home Infusion/Care
 Pharmacy Infusion Center Hospice Ext. Care Facility Other

How did you hear about us? Flyer Friend Publication Work

Would you consider participating on the board? Yes No Tell Me More!

Please make out your check for \$30.00 payable to: The Greater Houston Area Chapter of INS. (GHAC)