

IANANC MEMBERSHIP FORM



(SCAN THE QR CODE TO COMPLETE THE MEMBERSHIP FORM)

IANANC MEMBERSHIP PAYMENTS

By Zelle to 919 482 9183

OR

By Check payable to

"INDIAN AMERICAN NURSES ASSOCIATION NORTH CAROLINA"

Check Mailing Address:

IANANC Treasurer

PO Box 996

10520 Chapel Hill Road

Morrisville, NC 27560-9998

FOR ADDITIONAL MEMBERSHIP INFO

Email us at membership@iananc.org

IANANC membership is open for all nurses of Indian heritage. Purpose of the form is also to update our database of IANANC contacts, to improve professional networking, and streamline communications.

FULL MEMBERSHIP

One Year \$50

Two Years \$80

10 Years \$400

AFFLIATE MEMBERSHIP (YEARLY)

**Students/LPN/ NA/
Pre-Licensure \$25**

Retired Nurses \$0