



Application for INS New England Chapter Membership

March 1, 2012 – February 28, 2013

Students and Infusion Therapy Technicians

Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ E-Mail Address _____

New Membership ? _____ Renewal Membership? _____

Referred By: _____

Employer: _____

Nursing Program: (if Student) _____

List any Professional Memberships you may hold _____

Membership Fee (Students and I.V. Technicians ONLY) \$10 for 1 Year

Signature _____ Date _____

Mail To: Pat Silva
INS-New England Chapter
P.O. Box 445
East Falmouth MA 02536