



Application for INS New England Chapter Membership

March 1, 2012 – February 28, 2013

Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ E-Mail Address _____

New Membership ? _____ Renewal Membership? _____

Referred By: _____

Employer: _____

Title: _____ Bus. Phone _____

Employed in Infusion Therapy? Yes _____ No _____

If YES, how many years? _____

Nursing License # _____ State _____

_____ State _____

CRNI? Yes _____ No _____ National INS Member? Yes _____ No _____

INS Member I.D.# _____ Expiration Date _____

List any other Professional Memberships you may hold _____

Membership Fees: 1 Year _____ \$30

2 Years _____ \$50 Please Make Checks Payable to NEW ENGLAND CHAPTER INS

Signature _____ Date _____

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

There are opportunities to become more involved in helping out on a committee.

If you have an interest in becoming more involved, PLEASE CHECK HERE _____

Or contact any Board Member through our web site

www.insnec.org