International Nurses Society on Addictions
2010-2011 Membership Renewal Application
(July 1, 2010 – June 30, 2011)
RENEWAL NOTICE

Name: _____
Credentials: _____
Title: _____
Company: _____
Preferred Address: ❑ Home ❑ Company
Address 1: _____
Address 2: _____
City: _____
State: _____
Zip Code: _____
Country: _____

Work Telephone: _____
Home Telephone: _____
Alternate Telephone: _____
Email Address*: _____
*Email will only be used for member communications.

DONATION

❑ I wish to donate $_____ to the Foundation for Addictions Nursing. My donation is included with my membership dues payment.
Friend of Fan $.01-$99, Bronze $100-199, Silver $200-$299, Gold $300-499, Platinum $500+

TYPE OF MEMBERSHIP

Individual Membership		
❑	$140.00	Regular Member (RN)
❑	$170.00	International Member (RN living outside the US)
❑	$120.00	Associate Member (LPN, LVN)
❑	$ 75.00	Student Member (All students enrolled in a nursing education program.)
❑	$ 100.00	Retired Member
❑	$ 100.00	Disabled Member

Affiliate Membership		
❑	$ 150.00	Affiliate Individual (All other persons or entities interested in addictions nursing)
❑	$1,000.00	Affiliate Corporate (All organizations, agencies, corporations, facilities, treatment facilities, et al, who have an interest or involvement with nurses and the field of additions prevention or treatment)

PAYMENT METHODS

❑ Check enclosed made payable to IntNSA
❑ Charge my (please circle): VISA MasterCard Discover AMEX
$_____ Total Amount Due

_____/_____
Credit Card Account Number **Exp. Date**

_____
Name of Cardholder

_____
Signature of Cardholder

Payment of dues or other contributions to IntNSA are not tax deductible as charitable contributions for income tax purposes. They may, however, be tax deductible as ordinary and necessary business expenses.
IntNSA Tax ID: 36-3273621

Please remit payment to:
IntNSA
P.O. Box 14846
Lenexa, KS 66285-4846
(877) 646-8672
Fax: (913) 895-4652
Email: intnsa@intnsa.org