

Pine Tree Chapter of the Infusion Nurses Society Membership Application

LAST Name	FIRST Name	Credentials
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Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ FAX: _____

E-Mail: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ FAX: _____

E-Mail: _____

Preferred Mailing Address: Home Business

Primary Practice Setting: _____

This PTC Membership is: New Renewal Industrial Vendor

“New Member” Campaign Information:

I am being sponsored by Pine Tree Chapter member: _____

I am an INS member: NO YES INS member #: _____ Exp. Date: _____

PTC Membership Fee: \$24.00/Calendar Year (OR: \$2.00/month, pro-rated, if joining mid-calendar year)
(Renewal applications will be mailed out each December)

Today's Date: ____/____/____

Amount Paid: \$ ____ . ____

Make Checks payable to: Pine Tree Chapter

Mail Application with your check to:

Gweneth E. Cole, RN, CRNI®
PTC Membership Chair
69 Mayflower Heights Drive
Oakland, ME 04963