

Application for Arizona Chapter of INS Membership
Fees are due now and you will be a active member till January 2010

Annual membership fee \$25.00
C/o Junella Heard
2846 East Vista Drive
Phoenix, AZ 85032

NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

FACILITY _____

POSITION _____

INTERESTED IN HELPING???

TOPICS for future meetings _____

Your annual membership fee covers our programs, newsletters, mailing, announcements, and resources for your questions and any other projects that membership determines is a priority.

Our board is all non-paid, voluntary positions we appreciate your support in furthering education regarding infusion therapy.