



International Family Nursing Association

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Membership Application

Contact Information

Name: _____	Work address:
Degree/Certifications: _____	School/Hospital: _____
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Work	Position: _____
Preferred E-Mail Address: _____	Dept/Div: _____ Bldg/Room: _____
Home address:	Street: _____
Street: _____	City: _____
City: _____	State/Province: _____ Postal Code: _____
State/Province: _____ Postal Code: _____	Country: _____
Country: _____	Phone Number: _____
Phone Number: _____	Fax Number: _____

Membership Dues Payment in U.S. Funds Only

Initial year of IFNA
(August 1, 2009 - July 31, 2010)

Membership Options:

Founding Member \$250/year

Active Member \$100*/year

Country Class 1 \$25*/year

Country Class 2 \$50*/year

*Use sliding scale for active membership dues based on World Bank Classifications for developing countries.

Members can check their country's classification at www.WHO.int

Country Class 1 (low) \$25 USD
Country Class 2 (middle) \$50 USD
Country Class 3 (high) \$100 USD

Check VISA MasterCard American Express Discover

Card # _____ Expiry: _____

Cardholder Signature: _____

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3-digit code

Please enter 3-digit number from the back of your card immediately following the account number. This is required to process a card which is not physically present at IFNA headquarters.

If the credit card is not the registrant's card, please provide the following:

Cardholder Name: _____

Billing Address: _____

City, State Zip: _____

Email: _____

www.internationalfamilynursing.org

Mailing Address:

International Family Nursing Association • 461 Cochran Road, Box 246 • Pittsburgh, Pennsylvania 15228 USA