



Membership Application

International Family Nursing Association

Phone: +1 412-344-1414 • Fax: +1 412-344-0599 • Email: debbie@internationalfamilynursing.org

Contact Information

Name: _____

Work address:

Degree/Certifications: _____

School/Hospital: _____

Preferred Mailing Address: Home 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: _____

Standing Committees

Nominating

Purpose: Identify nominees, present a ballot, and oversee the election of IFNA officers and BOD.

Communication

Purpose: Assume responsibility for the development of the infrastructure that assures effective communication among members and timely dissemination of information.

Research

Purpose: Advance the conduct, dissemination, and use of family nursing research worldwide.

Membership

Purpose: Develop strategies to recruit and retain members worldwide.

Resource Advancement

Purpose: Assume responsibility for identification and cultivation of diverse sources of funding for organizational initiatives.

Education

Purpose: Identify and disseminate the best educational practices for family nursing worldwide.

Practice

Purpose: Identify and disseminate the best practice family nursing models used internationally.

Conference

Purpose: Assume responsibility for conference planning.

IFNA has a open access Membership Directory posted on the IFNA Website, this information includes name, credentials, title, institutional affiliation, and email address ONLY

check here to NOT have your information included.

Membership Dues *Payment in U.S. Funds Only*

Membership Options:

Active Member \$100*/year

3-years \$270.00

Country Class 1 \$25*/year

Country Class 2 \$50*/year

Check VISA MasterCard American Express Discover

Card # _____ Expiry: _____

Cardholder Signature: _____

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.
3-digit code

*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

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