

ITNS Membership Application

Find more information about membership at www.itns.org.

Contact Information

Name: _____ Degree/Certifications: _____

Preferred mailing address: Home Work Preferred e-mail address: _____

Home Address

Street: _____ City: _____

State/Province: _____ Postal code: _____ Country: _____

Work Address

Hospital/Company: _____

Dept/Division: _____ Bldg/Room: _____

Street: _____ City: _____

State/Province: _____ Postal code: _____ Country: _____

Phone number: _____ Fax number: _____

Membership Dues

Active RN \$120 USD/year

All active members are entitled to vote, hold office, and serve on committees at the international level. Per the ITNS bylaws, any practicing RN must join as active.

Retired RN \$95 USD/year

All retired RNs are entitled to vote, hold office, and serve on committees at the international level.

Visit www.itns.org/becomeamember to learn about adding a discounted TTS membership.

Associate Member \$70 USD/year

Any non-RN health professional involved in transplantation. Associate members are not entitled to vote, hold office, or serve on committees on an international level but may participate in these activities in local ITNS chapters.

Emerging Countries Member \$30 USD/year

These members will have access to all benefits in electronic format only. Eligible countries are defined as low income and/or an IDA lending status by the World Bank, or as a European Emerging Country by Europe. A list of eligible countries is available on the membership page at www.itns.org.

Demographic Information

1. Primary Work Setting (select only 1 response)

- Academic Ambulatory Community Hospital Consulting
 Government Industry/Commercial Military Organ Procurement
 University/Teaching Hospital None of the Above

2. Primary Responsibility (select only 1 response)

- Administration Consultant ICU Industry/Commercial Education
 Outpatient Research Transplant Unit None of the Above

3. Current Position (select only 1 response)

- Administrator Assistant Nurse Manager Clinical Educator
 Clinical Nurse Specialist Consultant Faculty Instructor
 Nurse Manager Nurse Practitioner Researcher Staff Nurse
 Student Team Lead/Supervisor Transplant Coordinator
 None of the Above

4. Area of Expertise (select only 1 response)

- Adults Bone Marrow Composite Donor Heart Kidney
 Liver Lung Pancreas/Islet Cell Pediatrics Renal
 Small Bowel None of the Above

5. Highest Degree Earned

- ADN BN BSN DNP MEd MS MSN PhD
 None of the Above

6. Certifications Earned (may select more than 1 response)

- APN APRN CCTC CCTN CTPC FAAN FAHA
 FNP-C LPN LVN NEA-BC RN None of the Above

Donation

I would like to make a tax deductible donation to the ITNS Foundation. ITNS is a 501(c)(3) nonprofit organization.

Amount \$ _____ USD

Payment Information

Payment  MasterCard  VISA  American Express  Discover Check (enclosed)

- Make check payable to ITNS.
- A charge of \$75 USD will apply to checks returned for insufficient funds.

Account Number _____

Expiration Date _____

Cardholder's Name (Please print.) _____

Signature _____

If payment does not accompany this form, your application will not be processed.

- If rebilling of a credit card charge is necessary, a \$75 USD processing fee will be charged.
- I authorize ITNS to charge the above listed credit card amounts reasonably deemed by ITNS to be accurate and appropriate.

Mail to: ITNS
8735 W. Higgins Road, Suite 300
Chicago, IL 60631