



International  
Transplant  
Nurses  
Society

## National Representative Application Form

Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Degrees/Qualifications: \_\_\_\_\_

Current position/role: \_\_\_\_\_

Return address:

\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

ITNS membership number: \_\_\_\_\_ Years as an ITNS Member: \_\_\_\_\_

Preferred Language: \_\_\_\_\_

What professional organizations do you belong to?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe why you are a good candidate for National Representative of your country:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax application with your CV or Resume to ITNS office at +1-412-343-3959 or email to [itns@msn.com](mailto:itns@msn.com)