

ITNS Membership Renewal



INTERNATIONAL
TRANSPLANT
NURSES
SOCIETY

International Transplant Nurses Society, 4700 W. Lake Avenue, Glenview, IL 60025, USA
Phone: +1.847.375.6340 • Fax: +1.847.375.6341 • www.itns.org • info@itns.org

Contact Information

Last Name: _____

ITNS Membership # _____

Your Renewal Month: _____

First Name: _____

Check here if membership number is unknown.

Today's Date: _____

Membership Dues Payment in U.S. Funds Only

Active RN \$100/year \$270/three years (circle one)

Retired RN \$75/year \$200/three years (circle one)
(All RNs 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)

Associate \$50/year \$135/three years (circle one)
(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 Members \$25/year
ITNS is pleased to announce a reduced membership fee to allow transplant professionals from countries with emerging economies the opportunity to join the society at a reduced rate of \$25. For ITNS to support, these members will have access to all benefits in electronic format only, thus it is required that we have an e-mail address for this membership category. Countries are defined as low income and or an IDA lending status by the World Bank. A list of countries is available at <http://itns.org/membership/reduced-rate>.

Make check payable to ITNS (US Funds only)

Check VISA MasterCard AMEX
_____ Expiry _____

Cardholder Signature: _____

Please enter 3-digit number from the back of your card immediately following the account number. AMEX CVV/CID number is 4 digits, and is on the front of the card. This is required to process a card which is not physically present at ITNS headquarters.

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

Cardholder Name: _____

Billing Address: _____

City/State/Zip: _____

Provide Any Changes Below That Have Occurred Since Your Last Renewal

Degree/Certifications: _____

Preferred Mailing Address: Home Work

Home address:

Street: _____

City: _____

State/Province: _____

Postal Code: _____ Country: _____

Phone Number: _____

Work address:

Hospital/Company: _____

Position: _____

Dept/Div: _____

Bldg/Room: _____

Street: _____

City: _____

State/Province: _____

Postal Code: _____ Country: _____

E-Mail Address: _____

Phone Number: _____

Fax Number: _____

ITNS occasionally provides or sells its membership list strictly for the dissemination of transplant-related educational announcements. If you would not like to receive this type of information, please place an 'X' in the box and your name will not be included when our list is distributed to other organizations and transplant-related companies.