

ITNS Membership Application

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

Name: _____

Degree/Certifications: _____

Recruited by: _____

Preferred E-Mail Address: _____

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: _____

Phone Number: _____

Fax Number: _____

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: _____

Demographic Information

1. How many years have you been a nurse?

< 2 2-3 4-5 6-10 11-19 > 20

2. How many years in Transplantation?

< 2 2-3 4-5 6-10 11-15
 16-20 > 20

3. Work setting?

University Affiliated Military Academic
 Community/Private Registry Government
 Organ Procurement Other: _____

4. Area of employment?

Transplant Unit Clinical Research ICU
 Outpatient Pediatrics Other: _____

5. Your position?

Staff Nurse Charge/Team Leader
 Head/Assistant Head Nurse Nursing Admin
 Supervisor Transplant Coordinator
 In Service/Staff Development Instructor
 Clinical Nurse Specialist/Clinician
 Nurse Practitioner Other: _____

6. Which organ/tissue recipients do you care for?

Liver Kidney Composite Bone Marrow
 Lung Heart Pancreas Islet Cell
 Small Bowel Donor Other: _____

7. Highest level of nursing education?

Student LVN/LPN RN RN ADN
 Bachelors Masters Degree PhD DNP
 RN BSN ANP CNS NP DNSc

8. Do you care for pediatric recipients? Yes No

9. I would be interested in information for the ITNS

Special Interest Groups (SIG)

Education Research Cardiothoracic
 Staff Nurse Pediatric Advanced Practice
 Administrative Other SIG Interest: _____

Please send me information on the closest local ITNS chapter:

USA Canada Europe Starting a Chapter

I am also a member of: AACN ANNA EDTNA

ETCO ISHLT NATCO ONS BTS

Sigma Theta Tau Other: _____

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.