



INPS Membership Application

Name _____

Address _____

City _____ State _____ ZIP _____

Telephone numbers:

Home _____ Work _____ FAX _____

Email (for INPS use only) _____

FNP ANP/GNP PNP ACNP WHNP Other

Subspecialty _____

Graduation Date if Student _____

Annual Dues (check one)

Regular Membership \$100 _____

2-Year Membership \$180 _____

Student Membership \$25 _____

Associate Membership \$50 _____

Joint IANP \$50 _____ (enclose copy IANP card)

New _____ Renewal _____

Mail Form to:
Dixie Harms
2800 NW 152nd Street
Clive, IA 50325