



### 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:

Ava Eagles  
1300 Des Moines St., Ste 204  
Des Moines IA 50309  
515-265-8200