



# Pine Tree Chapter of the Infusion Nurses Society Membership Application



LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_ Credentials \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Preferred Mailing Address:  Home  Business

Primary Practice Setting: \_\_\_\_\_

This PTC Membership is:  New  Renewal  Industrial Vendor

**“New Member” Campaign Information:**

I am being sponsored by Pine Tree Chapter member: \_\_\_\_\_

I am an INS member:  NO  YES INS member #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**PTC Membership Fee:** \$24.00/Calendar Year (OR: \$2.00/month, pro-rated, if joining mid-calendar year)  
(Renewal applications will be e-mailed to you each December)

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount Paid: \$ \_\_\_\_ . \_\_\_\_

Make Checks payable to: Pine Tree Chapter

Mail Application with your check to:

Gweneth E. Cole, RN, CRNI®  
PTC Membership Chair  
69 Mayflower Heights Drive  
Oakland, ME 04963-5237