



IALN Membership Data Sheet

Name: _____ Position: _____

Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email address: _____

Type of Membership (please check one) prices are for 12 months of membership:

- Individual Full Membership (right to one vote, may hold office, annual dues \$100)
- Organizational Full Membership (right to one vote, may hold office, represents organization annual dues \$100)
- Associate Member (may not vote or hold office, non-nursing individual or organization annual dues \$50, undergraduate nursing student annual dues \$25)
- Honorary Member (nurse retired from active practice, may not vote or hold office, no dues required)
- Sponsor Member (published on web, link to your website, notification of events, newsletter, no vote, may not hold office \$1000)

Would you like your contact information published in the Members Only Section (password protected) of our website? Yes No

Would you like to volunteer to be on an IALN committee? No Yes

(if yes, please check preference)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> By-laws | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Education | <input type="checkbox"/> Nominations |
| <input type="checkbox"/> Finance/Audit | <input type="checkbox"/> Research |
| <input type="checkbox"/> Marketing | |

Payment:

Check or money order payable to IALN.

Credit card payment, please complete the following information (pay online via PayPal at www.nurseleaders.org.)

Card Type: MasterCard Visa Discover American Express

Card Number: _____

Expiration Date: _____ Security Code: _____ (3 digits on back of card, 4 digits front of AmEx)

Name on card if different than above: _____

Address credit card statement is sent to if different than:

Street: _____

City: _____, ST _____ Zip: _____

Send this completed form and payment to:

Idaho Alliance of Leaders in Nursing P.O. Box 1278, Boise, Idaho 83701-1278.

If you have any questions, please contact Susan Ault at (208) 367-1171 or email her at sault@nurseleaders.org.