



Membership Application

International Family Nursing Association

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Contact Information

Recruited by _____

Name: _____

Degree/Certifications: _____

Preferred E-Mail Address: _____

Web Address: _____

Skype Name: _____

Home address:

Street: _____

City: _____

State/Province: _____ Postal Code: _____

Country: _____

Phone Number: _____

Preferred Mailing Address: Home Work

Work address:

School/Hospital: _____

Position: _____

Dept/Div: _____ Bldg/Room: _____

Street: _____

City: _____

State/Province: _____ Postal Code: _____

Country: _____

Phone Number: _____

Fax Number: _____

Standing Committees

(if you are interested in participating on any committees, please check below)

Nominating

Purpose: Identify nominees, present a ballot, and oversee the election of IFNA officers and BOD.

Membership

Purpose: Develop strategies to recruit and retain members worldwide.

Practice

Purpose: Identify and disseminate the best practice family nursing models used internationally.

Communication

Purpose: Assume responsibility for the development of the infrastructure that assures effective communication among members and timely dissemination of information.

Resource Advancement

Purpose: Assume responsibility for identification and cultivation of diverse sources of funding for organizational initiatives.

Research

Purpose: Advance the conduct, dissemination, and use of family nursing research worldwide.

Education

Purpose: Identify and disseminate the best educational practices for family nursing worldwide.

Conference

Purpose: Assume responsibility for conference planning.

Membership Directory

IFNA has a open access Membership Directory posted on the IFNA Website, this information includes name, credentials, title, institutional affiliation, and email address ONLY

check here to NOT have your information included.

Membership Dues Payment in U.S. Funds Only

Membership Options:

Active Member \$100*/year

3-years \$270.00

Country Class 1 \$25*/year

Country Class 2 \$50*/year

Student \$75/year

Retired \$75/year

*Use sliding scale for active membership dues based on World Bank Classifications for developing countries.

Members can check their country's classification at www.WHO.int

Country Class 1 (low) \$25 USD
Country Class 2 (middle) \$50 USD
Country Class 3 (high) \$100 USD

Check VISA MasterCard American Express Discover

Card # _____ Expiry: _____

Cardholder Signature: _____

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3-digit code

Please enter 3-digit number from the back of your card immediately following the account number. This is required to process a card which is not physically present at IFNA headquarters.

If the credit card is not the registrant's card, please provide the following:

Cardholder Name: _____

Billing Address: _____

City, State Zip: _____

Email: _____

www.internationalfamilynursing.org

Mailing Address:

International Family Nursing Association • 461 Cochran Road, Box 246 • Pittsburgh, Pennsylvania 15228 USA