

**INFUSION NURSES SOCIETY, INC**  
**NEW JERSEY CHAPTER**  
**MEMBERSHIP APPLICATION/ RENEWAL FORM**

Please complete the following:

Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

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• **E-Mail Address** \_\_\_\_\_

Type of Employment: Hospital \_\_\_\_\_ HomeCare \_\_\_\_\_ Industry \_\_\_\_\_

Name of Employer:  
(Optional) \_\_\_\_\_

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**Credentials:** \_\_\_\_\_ **RN** \_\_\_\_\_ **CRNI** \_\_\_\_\_ **Other**

For weather/Safety cancellations please provide the following:

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

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**Annual Dues: \$ 30.00 Payable to: Infusion Nurses Society, NJ Chapter**

**Daisy King**  
**51 Dupont Ave**  
**Piscatway, NJ 08854**

CASH \_\_\_\_\_

CHECK \_\_\_\_\_

Suggestions?

\_\_\_\_\_

E-mail Daisy@ [adaaking@aol.com](mailto:adaaking@aol.com) Phone: 732 887 4288