



**Membership is recognized
January 1 through December 31**

MEMBERSHIP APPLICATION

Date: _____
 New Member
 Renewal

Last Name (please print) _____ First _____ MI _____

Preferred Mailing Address: _____

City/State/Province _____ Zip/Postal Code _____ Country _____

Phone Home _____ E-mail _____

Organization/Employer _____ Phone _____

Position/Title _____ Specialty/Subspecialty area(s) _____

Please provide the following information allowing ENS to better serve the needs of its members:

<u>Position</u>	<u>Education/Licensure</u>	<u>Committee Interest</u>	<u>Interest</u>
<input type="checkbox"/> Staff, Clinical <input type="checkbox"/> RN		<input type="checkbox"/> Development <input type="checkbox"/> Research	
<input type="checkbox"/> Patient Education	<input type="checkbox"/> BSN	<input type="checkbox"/> Education	<input type="checkbox"/> Presentation
<input type="checkbox"/> Staff Education <input type="checkbox"/> NP		<input type="checkbox"/> Marketing	<input type="checkbox"/> Publications
<input type="checkbox"/> Administration <input type="checkbox"/> MS		<input type="checkbox"/> Membership	<input type="checkbox"/> Posters
<input type="checkbox"/> Clinical Specialist	<input type="checkbox"/> CDE	<input type="checkbox"/> Program	<input type="checkbox"/> ENS Review Course
<input type="checkbox"/> Study/Research	<input type="checkbox"/> PhD	<input type="checkbox"/> Publication	<input type="checkbox"/> Preceptor
<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> _____	<input type="checkbox"/> Research	<input type="checkbox"/> Other _____

Member Category:	Annual Dues	Biannual Dues
Full (RN status)	<input type="checkbox"/> \$ 80.00	<input type="checkbox"/> \$ 140.00
Associate (non-RN)	<input type="checkbox"/> \$ 80.00	<input type="checkbox"/> \$ 140.00

Method of Payment:

- 1) Check enclosed (made payable to Endocrine Nurses Society) OR:
- 2) Online by PayPal (Please remember to fill out the ENS Membership application)

Send membership application to:

Molly Solares Yeardley
 2991 E. Beechnut Place
 Chandler, Arizona 85249, U.S.A.

Office Use Only

Date Recvd: _____
 Check #: _____
 Am: _____
 PayPal: _____
 Mem #: _____