



# Indian Nurses Association of Michigan

## Membership Application

Personal Information			
Name:			
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Email:	
Employer Information			
Name:			
Address:	City:	State:	Zip:
Current Position:	Phone:	Email:	
Professional Information			
Nursing School/College(s) Attended:			
Degree(s):	License # (Optional for CEU Credits) :		
Other Credentials:	Other Associations:		
Indian Nurses Association Information			
Committee Interests (Please select all that apply) :			
<input type="checkbox"/> Editorial Board	<input type="checkbox"/> Political Initiatives	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Website
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Professional Development	<input type="checkbox"/> Social/Culture	<input type="checkbox"/> Other

I \_\_\_\_\_ duly affirm to uphold INAM's mission and vision as well as to pay an annual membership to help support and meet it's goals.

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**Indian Nurses Association of Michigan - Membership Receipt**

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

Date: \_\_\_\_\_

Yearly Membership Due \$35 (\$25 for Local Chapter & \$10 for National Chapter): \_\_\_\_\_

Category:     \_\_\_ New

      \_\_\_ Renewal [ \_\_\_ Regular (\$35)   \_\_\_ Associate (\$ )   \_\_\_ Lifetime 10 yrs (\$250) ]