

# INTERNATIONAL SOCIETY OF PSYCHIATRIC-MENTAL HEALTH NURSES (ISPN) MEMBERSHIP APPLICATION

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

Credentials: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Preferred Mailing Address:  Home  Work

Daytime Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Referring Member: \_\_\_\_\_

Are you an ANA member:  Yes  No

If YES, membership #: \_\_\_\_\_

Student: Proof of enrollment is a copy of your current student ID card.

My Research Interest is (optional):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My Clinical Interest is (optional):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please note that membership will be activated  
at the time of the conference in April.**

ISPN

2810 Crossroads Drive, Suite 3800  
Madison, WI 53718-7961 USA

Toll free: 1-866-330-7227 • Phone: +1-608-443-2463

Fax: +1-608-443-2474 • E-mail: info@ispn-psych.org

Website: www.ispn-psych.org

As a member of ISPN you may choose to belong to one or more division(s).

Membership in one division is included in the ISPN membership fee. Please choose one division.

### ISPN Membership and One Division:

- Full Membership: \$125
- Student Member or Retired Member each: \$60

Choose one division:

- ACAPN (Association of Child and Adolescent Psychiatric Nurses)
- AGPN (Adult and Geropsychiatric-Mental Health Nurses)
- ISPCLN (International Society of Psychiatric Consultation Liaison Nurses)
- SERPN (Society of Education and Research in Psychiatric-Mental Health Nursing)

### Additional Division Membership:

I would like to belong to these additional divisions:

- ACAPN: Add  \$55 Full Membership  \$30 Student or Retired
- AGPN: Add  \$55 Full Membership  \$30 Student or Retired
- ISPCLN: Add  \$55 Full Membership  \$30 Student or Retired
- SERPN: Add  \$55 Full Membership  \$30 Student or Retired

**Subtotal Due for ISPN Membership: \$ \_\_\_\_\_**

### Journal Choices:

You are entitled to a subscription to one journal for each division you join. Check one below.

- Archives of Psychiatric Nursing* (SERPN/ISPCLN)
- Journal of Child & Adolescent Psychiatric Nursing* (ACAPN/ISPCLN)
- Perspectives in Psychiatric Care* (AGPN/ISPCLN)

### ISPN Foundation:

I would like to make a tax deductible donation to the ISPN Foundation in the amount of: \$ \_\_\_\_\_

### Payment:

Membership Fee: \$ \_\_\_\_\_

Additional Division: \$ \_\_\_\_\_

ISPN Foundation: \$ \_\_\_\_\_

**Total Due: \$ \_\_\_\_\_**

My check is enclosed (payable in US funds, drawn on a US bank to: ISPN)

Charge my credit card:  
 Visa  Master Card  AmEx

Card No.: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_