



# International Society of Psychiatric-Mental Health Nurses

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## Membership Application

Please complete the following information.

Name: \_\_\_\_\_  
           First                                Middle                                Last                                Credentials

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

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

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

                                City                                State/Province                                Zip/Postal Code                                Country (if other than USA)

Preferred Mailing Address:  Institution                    Home

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Are you an ANA member?  Yes            No           If YES, ANA membership number: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

I am interested in participating in the following committees:

- |   |  |
|---|--|
| <input type="checkbox"/> Awards Committee     | <input type="checkbox"/> Legislative Council                 |
| <input type="checkbox"/> Bylaws Committee     | <input type="checkbox"/> Marketing and Development Committee |
| <input type="checkbox"/> Conference Committee | <input type="checkbox"/> Membership Committee                |
| <input type="checkbox"/> Education Council    | <input type="checkbox"/> Practice Council                    |
| <input type="checkbox"/> Finance Committee    | <input type="checkbox"/> Research Council                    |

***Over, please***

## **ISPN Divisions**

Membership in one division is included in your membership fee. You can join additional divisions for a fee. Please check the divisions you would like to join along with the Journal you would like to receive.

- ACAPN: Association of Child and Adolescent Psychiatric Nurses** - members are most concerned with providing psychiatric-mental health care for children, adolescents, and their families. ACAPN members advance clinical practice through research and child health advocacy.  
 **JCAPN: Journal of Child and Adolescent Psychiatric Nursing**
- AGPN: Adult and Geropsychiatric-Mental Health Nurses** - members focus their advanced practice on the prevention, management and treatment of psychiatric disorders in adults and geriatric clients through the provision of pharmacotherapy and other therapies such as psychoeducational sessions and individual, couple, group and family psychotherapy.  
 **PPC: Perspectives in Psychiatric Care**
- ISPCLN: International Society of Psychiatric Consultation Liaison Nurses** - members are most concerned with psychiatric consultations to patients, family members, staff and organizations.
  - APN: Archives of Psychiatric Nursing**
  - JCAPN: Journal of Child and Adolescent Psychiatric Nursing**
  - PPC: Perspectives in Psychiatric Care**
- SERP: Society of Education and Research in Psychiatric-Mental Health Nursing** - members are most concerned with education and research in psychiatric nursing.  
 **APN: Archives of Psychiatric Nursing**

## **Member Rates**

- 1 Division:  \$125 Full Member  
 \$60 Retiree or Student\* Member
- 2 Divisions:  \$180 Full Member  
 \$90 Retiree or Student\* Member
- 3 Divisions:  \$235 Full Member  
 \$110 Retiree or Student\* Member
- 4 Divisions:  \$290 Full Member  
 \$150 Retiree or Student\* Member

\*Students must provide verification of student status (copy of ID, class schedule, etc.).

## **Donations**

I would like to make a tax-deductible contribution to the ISPN Foundation:

- \$25       \$50       \$100       other: \$ \_\_\_\_\_

## **Fees Due**

Membership Fee   \$ \_\_\_\_\_  
Contribution to ISPN Foundation                         \$ \_\_\_\_\_  
**Total Amount Due**   \$ \_\_\_\_\_

## **Payment Options**

- Check (payable to ISPN; US Funds only)
- Mastercard/Visa/American Express

CC# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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