



# International Society of Psychiatric-Mental Health Nurses

2424 American Lane • Madison, WI 53704-3102 USA • Phone: 1-608-443-2463 • Fax: 1-608-443-2474

Email: [info@ispn-psych.org](mailto:info@ispn-psych.org) • Website: [www.ispn-psych.org](http://www.ispn-psych.org)

## ISPN Membership Application

Please complete the following information and mail, fax or email (no purchase orders) to:

Mail: ISPN Membership, 2424 American Lane, Madison, WI 53704, USA

Fax: +1-608-443-2474 or +1-608-443-2478

Email: [info@ispn-psych.org](mailto:info@ispn-psych.org)

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

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

Affiliation: \_\_\_\_\_

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

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

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

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

Preferred Mailing Address:  Affiliation  Home

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The following line of questions are optional and for demographic analysis only:

Gender:  Female  Male Race/Ethnicity \_\_\_\_\_ Highest Degree \_\_\_\_\_ Years in Practice \_\_\_\_\_

Student:  Yes\*  No \*Students must provide verification of student status (copy of ID, class schedule, etc.).

Referring Member (optional): \_\_\_\_\_

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

Do you have prescriptive authority in your state?  Yes  No

ANCC certification as:  Adult PMHNP  Family PMHNP  Adult PMHCNS  Child PMHCNS

My Research Interest is: \_\_\_\_\_

My Clinical Interest is: \_\_\_\_\_

My Population Focus is: \_\_\_\_\_

I currently act as an ISPN liaison to these professional groups or organizations (optional): \_\_\_\_\_

How did you hear about ISPN? \_\_\_\_\_

I am interested in participating in the following committees: (optional)

- |   |  |
|---|--|
| <input type="checkbox"/> Awards Committee             | <input type="checkbox"/> Marketing and Development Committee |
| <input type="checkbox"/> Communications Committee     | <input type="checkbox"/> Membership Committee                |
| <input type="checkbox"/> Conference Committees        | <input type="checkbox"/> Nominating Committee                |
| <input type="checkbox"/> Diversity & Equity Committee | <input type="checkbox"/> Website Management Committee        |
| <input type="checkbox"/> Finance Committee            |  |

**Over, please**



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## Member Rates

- Full Member  \$150
- Student Member\*  \$35
- Retired Member  \$60

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

## Charitable Donation

If you are interested in making a donation to the ISPN Foundation, select any Donation Type and any Amount:

### Donation Type:

### Amount:

- |  |  |
|--|--|
| <input type="checkbox"/> Lamplighter (\$100 for 5 years = \$500 total)   |  |
| <input type="checkbox"/> General Contribution                            | <input type="checkbox"/> \$1,000               |
| <input type="checkbox"/> Mental Health and Wellness Research Scholarship | <input type="checkbox"/> \$500                 |
| <input type="checkbox"/> Hertha Gast Scholarship                         | <input type="checkbox"/> \$300                 |
| <input type="checkbox"/> Carol Williams Memorial Scholarship Fund        | <input type="checkbox"/> \$200                 |
| <input type="checkbox"/> Susan McCabe Lecture Fund                       | <input type="checkbox"/> \$100                 |
| <input type="checkbox"/> Greatest Need                                   | <input type="checkbox"/> \$50                  |
| <input type="checkbox"/> Sustained Giving (Annual donation)              | <input type="checkbox"/> \$25                  |
| <input type="checkbox"/> None  | <input type="checkbox"/> Other Amount: \$_____ |

Periodically corporations, institutions, and healthcare recruitment agencies ask ISPN to provide the ISPN membership for mailings. Please check here if you do not wish your name and address to be included:

- Please do not release my name and address to corporations, institutions, or agencies outside of ISPN.

**May ISPN send you Society updates, such as conference abstract submission opening and closing dates; Award and Officer nomination, election results; and conference information (hotels, registration, program/schedule updates, etc.)?**

- Yes, I would like to OPT IN

## Fees Due

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

Charitable Donation \$ \_\_\_\_\_

Total Amount Due \$ \_\_\_\_\_

## Payment Options

- Check (payable to ISPN; US Funds only)
- MasterCard/Visa/Discover

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

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

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