



Membership Form

Informatics Nurses From Ohio

First Name _____ Last Name _____

Preferred Email Address (We do 96% of our correspondence with email so print plainly!)

Preferred Address (one you would like us to use for mailings)

Preferred Street Address _____

Preferred Address City _____

Preferred Address State _____ Preferred Address Zip _____

Is the preferred address: Home Work

Preferred phone number (& extension if needed) _____

Is the preferred phone number : Home Work

Other Address (e.g. if above is home, work address or vice versa)

Street _____

City _____ State _____ Zip _____

Other Phone Number (& extension if needed) _____

Employer _____

Position _____

Please see second page or turn over!

INFO occasionally receives requests for us to share our mailing (email and regular mail) addresses. Our policy has been to not do this. The offerings can be discounts on subscriptions or information about programs of interest to those in informatics. Would you be willing to have us share your name and address for offerings that the Board thinks are worthwhile?

Yes No

Would you be willing to share your expertise/skills with the group? _____

If so, what topics would you be willing to speak about?

Any additional comments:

Send this form with a check for \$25 make out to Informatics Nurses From Ohio to:

Dr. Vida Svarcas
Cleveland State University
2121 Euclid Avenue, CE201
Cleveland, OH 44115-2214

Dues paid from January 17, 2004 to January 30, 2006 are good for membership from January 17, 2004 to June 30, 2006.