



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!

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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:

INFO  
Twila Goshorn  
8176 Cyrus Lane  
Sagamore Hills, Ohio 44067

**Dues paid from January 1, 2007 are good for membership from January 1, 2007 to June 30, 2009.**