



Midwest Nursing Research Society

2010-2011 Membership Application

Membership Year: July 1st - June 30th

Please Print Clearly:

Name: Dr./ Mrs. / Mr. / Ms. _____

Title: _____ List only your highest 3 degrees in descending order.

Affiliation: _____ Office: _____

Address: _____ Fax: _____

_____ Home: _____

City: _____ State: _____ Zip: _____ Country: _____

E-mail: _____

The address above is a: Business Home Both

A. Membership Dues Schedule: Select only one Membership Category.

Individual Memberships

- \$175 Regular
- \$75 Retired
- \$75 International (Non-USA residents ONLY)
- \$75 Student (proof of student status required)

Check here if you prefer electronic access to WJNR Journal only.

****If you are a new member referred to MNRS by a current member, please list the member's name here:** _____

Institutional Memberships

- \$1,500 Silver Member
- \$3,000 Gold Member
- \$5,000 Benefactor

MEMBERSHIP SUBTOTAL:* _____

B. MNRS Foundation:

Supports MNRS Dissertation Research Grants and the MNRS Seed Grants awarded to our members. Please visit Foundation at www.mnrs.org for more information. Donations to the Foundation are tax deductible.

35th Anniversary Circle Contribution

- \$350 \$35 (recommended contribution for Students)
- Foundation Donation \$50 \$100 \$200 \$ _____
- \$100 Honor a Researcher _____ (insert researcher name)
- \$1,000 Founders Circle (3 year commitment of \$1,000 per year to endowment fund)

MNRS FOUNDATION CONTRIBUTION:* _____

Your name, address, and email address will automatically appear in our online membership directory available only to members, and your email address will be used to send information to you regarding MNRS. Opt out options are available in the Members Area of the MNRS website.

MNRS obtains revenue through the sale of mailing lists to professional and commercial organizations approved by the MNRS Board of Directors.

Check here if you do NOT wish to have your name included in mailing lists.

PAYMENT INFORMATION:

- Check/Money Order Visa MasterCard American Express

Card Number: _____ Exp. Date: _____

Name on Card: _____ CVV Code: _____

Signature: _____

Return this form with your payment. Checks or money orders (in U.S. dollars) payable to MNRS.
10200 West 44th Avenue, Suite 304, Wheat Ridge, Colorado 80033-2840, USA
Credit Card Payments can be faxed to MNRS at 303-422-8894.

SUM A→B: _____

TOTAL DUE: _____

* Contributions to the MNRS Foundation are deductible as charitable contributions. Consult your tax advisor.

** Referral Program - \$10 certificate may be used toward membership dues or meeting registration.

Over: Please Choose Your Research Section

