



PENS MEMBERSHIP APPLICATION
Membership Year: January 1st - December 31st, _____

Please Check One:

NEW MEMBER (Referred By: _____) **RENEWAL**

The PENS Corporate Mailing List enables you to receive invitations to sponsored events at the annual conference, notifications of product information, continuing education offers, etc. It includes **only** the member's name and mailing address. If you **do not** want your name & address distributed to companies requesting a copy of the PENS Corporate Mailing List, please check here.

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Please check the boxes below for information that you **do not** authorize for publication in the PENS Membership Directory. The membership directory is a compilation of all the information you want shared with your fellow PENS members.

PRINT CLEARLY

Name: _____ Degrees/Credentials: _____

Mailing Address: (Enables you to receive the PENS Reporter newsletter, election ballots, annual conference brochure, etc.) _____

Address for Directory (if different): _____

Phone: Home: (____) _____

Fax: (____) _____

Work: (____) _____

Beeper: (____) _____

E-mail: _____

Employer: _____

Position Title: _____

Specific areas of expertise that you would be willing to have another PENS member call for guidance or help on: (example: CAH, IDDM, computers, the internet, program development, etc.) Unless otherwise specified, information from previous application will be repeated in the new directory: _____

Would you be willing to be included on a Speakers Bureau list?

Yes No (If yes, contact membership@pens.org)

Are you experienced in endocrinology and interested in becoming a Preceptor to teach nurses new to the specialty?

Yes No (If yes, contact education@pens.org)

Are you new to endocrinology and interested in enrolling in the preceptor program as a Preceptee to learn more about this specialty?

Yes No (If yes, contact education@pens.org)

TYPE of MEMBERSHIP:

Active RN (Non-industry).....\$50.00

International Active RN (Outside U.S.)*.....\$55.00

Sustaining RN(Marketing/Service).....\$50.00

Associate (non RN).....\$50.00

PLEASE MAKE CHECKS PAYABLE TO "PENS" AND MAIL TO:

PENS TREASURER

P.O. Box 2933

Gaithersburg, MD 20886-2933

**Members outside the U.S. (including Canada) should contact the Treasurer at Treasurer@pens.org for additional bank service charges.*

Signature: _____ Date Completed: _____

Please allow 6-8 weeks for processing. If you have not received your membership packet within 8 weeks, please contact the membership chair at **membership@pens.org**.