



INVOICE
Individual Membership

This invoice represents dues for the period of *July 1, 2009 through June 30, 2010*

Individuals who are active, retired, graduate nursing students or simply interested in nursing education may also be members of IONE. Associate membership is reserved for those *institution/agencies* that have an interest in nursing education and wish to join the organization. Dues in the categories are as follows:

<u>Category</u>	<u>Dues (per year)</u>
<input type="checkbox"/> Associate institutional	\$ 250
<input type="checkbox"/> Graduate student	\$ 25
<input type="checkbox"/> Individual	\$ 50
<input type="checkbox"/> Retired	\$ 25

Please mark the category above and amount enclosed: \$ _____

Make the check payable to the Institute for Oklahoma Nursing Education and mail to:
Institute for Oklahoma Nursing Education
C/O Thea Clark
Tulsa Technology Center
Health Careers Center
PO Box 477200
Tulsa, OK 74147-7200

In order to recognize your membership and credit your dues correctly, please complete the following and return with your payment.

Name and title: _____

Address: _____

Email: _____