



Date _____

INVOICE
Individual Membership

This invoice represents dues for the period of *July 1, 2011 through June 30, 2012*

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:

| | Category | Dues (per year) |
|--|-------------------------|-----------------|
| | Associate Institutional | \$250 |
| | Graduate Student | \$25 |
| | Individual | \$50 |
| | 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 Stella Gilbert
Oklahoma Department of CareerTech
1500 West Seventh
Stillwater, OK 74074

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: | |

For Questions: Email Ruth Eckenstein, Treasurer at ruth@healthedconsulting.com
Call - 405-227-9528