



INDIAN AMERICAN NURSES ASSOCIATION HOUSTON GULF COAST CHAPTER

614 Victory, Stafford, TX-77477

www.ianahouston.org

Official Membership Form

Please complete form in full.

Name: First _____ Last _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____ (M) _____

Email Address _____ Employer _____

Position _____ Area _____ Education _____

School of Nursing _____

Membership Type: 1. Life membership fee (\$150.00) 2. Yearly membership fee (\$ 25.00)

I /We do hereby declare that I/We will abide by the rules and regulations set by the **INDIAN AMERICAN NURSES ASSOCIATION**

Your Signature _____ Today's Date _____

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Membership Receipt

Name _____

Type of Membership _____ Amount Paid _____

Signature _____ Date _____

Please mail this form with check payable to IANA to Mary Zachariah,
IANA of Greater Houston, 614 Victory, Stafford, TX-77477.