



# **Iowa Organization of Nurse Leaders**

Iowa Hospital Association - 100 East Grand, Suite 100 - Des Moines, IA 50309

## Application for Membership

Name \_\_\_\_\_

Title \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Address \_\_\_\_\_

Applicants must be a registered nurse holding an active license in the state of Iowa and practicing in a nursing leadership position.

IONL Membership.....\$120.00

I hereby apply for membership in the Iowa Organization of Nurse Leaders and hereby certify that I am eligible for membership.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

(Over)

**Credit Card Payment**

Visa, Mastercard, Discover, or American Express

Amount \$ \_\_\_\_\_

Card Number: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Card Expires: \_\_\_\_\_  
Month Year

3 or 4 digit security code: \_\_\_\_\_

Print Card Holder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Or

Check Payable to:  
Iowa Hospital Association  
100 East Grand Avenue, Suite 100  
Des Moines, IA 50309

The Iowa Hospital Association (IHA) will deposit the enclosed dues remittance pending consideration of this application and, in the event this application is not approved, the sole obligation of IHA will be the prompt refund of the dues tendered herewith.

**Please Mail to:**

Iowa Hospital Association  
Jan Sposeto  
100 East Grand Avenue, Suite 100  
Des Moines, IA 50309  
Or fax to (515) 283-9366

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**For IHA Use Only**

Date Received \_\_\_\_\_ Payment Method:  Check  Credit Card

Date in iMIS: \_\_\_\_\_ Welcome Letter Date: \_\_\_\_\_