



International Health Professions Network, Inc.
2010 / 2011 General Membership Application
Our 20th Anniversary: Celebrating Our Past, Creating Our Future

Full Name: _____
Occupation / Title: _____
University/Organization: _____
Mailing Address: _____
City: _____ **State/Province:** _____ **Zip/Postal Code:** _____
Country: _____
Telephone: (_____) _____ **Fax:** (_____) _____
Email: _____
Website: _____

I am interested in (select all that apply):

- Domestic Health and Wellness Programs**
- Overseas Field Service Work**
- Executive Committee Work**
- Fundraising / Grant Writing / Corporate Sponsorship Work**
- Other (specify):** _____

Payment of 2011 IHPN Annual Membership Dues (tax deductible):
 Active **\$75** \$ _____
 Student **\$35**
 Emeritus (age over 65) **\$45**

TOTAL ENCLOSED: \$ _____

PAYMENT METHOD PayPal, Check or Money Order must be in U.S. funds payable to: **IHPN Inc.** There will be a \$25.00 fee charged on checks returned by the bank due to insufficient funds. Registration confirmation/receipt and further information will be mailed. Do not email or fax credit card information because security cannot be guaranteed.

Please check appropriate box: PayPal Check Money Order

PayPal Account:

Susan@bridge-kids.org

Please mail or fax completed registration form with payment to:

Phone: (914) 473-9972

FAX: (484) 589-3982

Email: info@ihpninc.org

IHPN Inc.

**333 Mamaroneck Avenue, #336
White Plains, NY 10605**