



INTERNATIONAL CONSORTIUM OF PARSE SCHOLARS

2017/2018 MEMBERSHIP FORM

Name: _____

Street: _____

City: _____

Province/State _____

Country _____

Postal/Zip Code: _____

Telephone: _____

Email: _____

Employer or Institutional Affiliation: _____

Expiration date: 30 November 2017/2018

MEMBERSHIP FEES:

FULL MEMBER	ONE YEAR	TWO YEARS	STUDENT MEMBER*
International	<input type="checkbox"/> \$50.00 CAD/US	<input type="checkbox"/> \$100.00 CAD/US	<input type="checkbox"/> \$30.00 CAD/US

All fees include an annual \$5.00 disbursement to the Lise Perault Scholarship Fund.

* You must be a **full-time** nursing student to qualify for this rate. Student rate is only available at the yearly rate.

Please send membership form and cheque payable to ICPS to:

ICPS
C/O Mary Morrow
626 Franklin Street
Downers Grove
Illinois 60515
USA