



# INTERNATIONAL ASSOCIATION FOR HUMAN CARING



## Membership Application

**PLEASE PRINT THIS FORM AND MAIL OR FAX TO IAHC**

Annual membership -- January 1 - December 31

Membership is payable in US Dollars or by credit card

Types of Membership	High Income Country*	Middle Income Country *	Low Income Country *
Regular Individual Membership	\$100.00 (US)	\$40.00 (US)	\$20.00(US)
Retiree Individual Membership	\$50.00 (US)	\$40.00 (US)	\$20.00 (US)
Student Individual membership	\$50.00 (US)	\$40.00 (US)	\$20.00 (US)
Institutional Membership	\$350.00 (US)	\$140.00 (US)	\$70.00 (US)
Lifetime Individual membership	\$2000.00 (US)	**	**

\* List of countries can be found at <http://www.humancaring.org/membership/index.htm>

\*\*Please contact [ruth@pronursingresources.com](mailto:ruth@pronursingresources.com) for information regarding Lifetime Membership rates for middle and low income countries

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Institution Application: \_\_\_\_\_

Membership Selected: \_\_\_\_\_

Tax deductible contribution to:

Further the work of the IAHC \$ \_\_\_\_\_

Donation to Leininger Foundation Scholarship Fund \$ \_\_\_\_\_

Total amount enclosed \$ \_\_\_\_\_

Credit card (Circle one): Visa Mastercard Discover

Credit card # \_\_\_\_\_ Name on credit card \_\_\_\_\_

Expiration date \_\_\_\_\_ Signature \_\_\_\_\_

**Make checks payable to:**  
**IAHC, Inc., 2090 Linglestown Road**  
**Suite 107**  
**Harrisburg, PA 17110**  
**Phone: (717) 703-0033 | Fax: (717) 234-6798**