



INTERNATIONAL CONSORTIUM OF PARSE SCHOLARS

ICPS MEMBERSHIP FORM

Name: _____

Street: _____

City: _____ Province/State _____

Country _____ Postal/Zip Code: _____

Telephone: _____ Email: _____

Employer or Institutional Affiliation: _____

Indicate the calendar year(s) you are paying for: _____ 2021 _____ 2022 _____ 2023
_____ other _____

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 |

FYI: All fees include an annual \$5.00 disbursement to the Lise Perault Scholarship Fund. If you belong to a ICPS Chapter, check with your Chapter President to see if there are chapter dues.

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

Please indicate if you give permission for your name and email address to be shared with other ICPS members:

_____ I give ICPS permission to share my name and email address with other ICPS members.

_____ I would prefer that my name and email address not be shared with ICPS members.

Send membership form and a check payable to ICPS to:

ICPS
c/o Mary Morrow
626 Franklin Street
Downers Grove, Illinois 60515
USA

Do not fill out below this line-This section to be completed by ICPS Secretary

Expiration date: _____
Received payment _____ Date _____
Payment sent to Treasurer _____ Receipt sent _____
Database updated _____ Illuminations list updated _____
Secretary Initials _____