

# Transcultural Nursing Society

*"That the culture care needs of people in the world will be met by nurses prepared in transcultural nursing." Madeleine Leininger*



## Benefits of Membership

- \*Six annual issues of the Journal of Transcultural Nursing, in addition to online access to all JTCN current and past issues
- \*Reduced registration fees to annual conference, regional conferences, and events
- \*Eligibility for the TCNS Research and Scholarship Awards
- \*Eligibility for induction into the TCNS Scholars Program
- \*Eligibility for Certification in Transcultural Nursing (Basic CTN-B and Advanced CTN-A)
- \*Networking, collaborating, and opportunities to meet scholars and experts from around the world in Transcultural Nursing
- \*Eligibility for TCNS member tuition discounts

Please return form and appropriate fees to:

Secured Mailing Address:  
37637 Five Mile Rd. Box 319  
Livonia, MI 48154-1543 USA

For additional information:

Toll free: (888) 432-5470  
Email: [staff@tcns.org](mailto:staff@tcns.org)  
Website: [www.tcns.org](http://www.tcns.org)

## PLEASE FILL IN THE ENTIRE FORM (please print)

Date: \_\_\_\_\_ Membership Type: New Membership OR Membership Renewal

Please select your preference regarding the six annual copies of the Journal of Transcultural Nursing  
ONLINE ONLY / HARD COPIES & ONLINE

Please select title: Dr. Ms. Mrs. Mr. Sr.

First and Last Name: \_\_\_\_\_

Highest Degree/Certifications/Credentials: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

Current Position: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Work Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Which email address would you like to receive your TCNS communications: WORK EMAIL or HOME EMAIL

Please contact me as opportunities become available to serve on committees: YES or NO

Permission for contact information to be shared with TCNS members: Please indicate: YES or NO

*\*We do not sell our membership list or information for use outside of the Transcultural Nursing Society.*

**Are you participating with any of the TCNS Chapters? Please select all that apply:**

Alabama/Mississippi     Kansas City Area     Louisiana     Mid Atlantic     Northeast  
 Southeast Florida     SE Florida Student     Wisconsin Area    Other: \_\_\_\_\_

As a Transcultural Nursing Society member, you can participate with several networking chapters!!

**Categories of Memberships Available**

**Regular Membership (\$125 annually):**

Regular membership to the Transcultural Nursing Society is open to anyone wishing to learn more about transcultural nursing. You will receive the full benefits of membership and the ability to vote in all elections and meetings.

**Senior Membership (\$75 annually):**

Senior membership is for anyone who is 65+ years of age but would like to maintain a membership to the society. You will receive the full benefits of membership and the ability to vote in all elections and meetings.

**Student Membership (\$75 annually):**

Student membership is for full time students. In order to qualify for this category you **must submit** a copy of your student schedule and/or student ID showing that you are a full time student. Email to: [staff@tcns.org](mailto:staff@tcns.org). You will receive the full benefits of membership and the ability to vote in all elections and

**Scholar Dues (\$50 annually):**

Scholar dues are paid only by those individuals who have been inducted into the Transcultural Nursing Society Scholars group. For more information about this group, please check our website at [www.tcns.org](http://www.tcns.org)

**Payment Information**

**Memberships are not active until payment has been received.**

Please indicate all that apply, include payment and any additional information required when returning this form. If you have questions, please contact us at 888-432-5470, we will be happy to assist you. All funds must be in US dollars. Checks from banks outside of the United States cannot be accepted due to processing costs.



Form of Payment:

Check  
 Visa # \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
 MasterCard # \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
 Other # \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

<input type="checkbox"/> Regular Membership	\$125
<input type="checkbox"/> Senior Membership	\$ 75
<input type="checkbox"/> Student Membership	\$ 75
<b>(Must include copy of student ID or schedule)</b>	
<input type="checkbox"/> TCNS Scholar Dues	\$ 50
<input type="checkbox"/> Donation	\$ _____
<b>TOTAL AMOUNT DUE</b>	_____

Billing Name/Address if different than home / work listed on first page:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

(Required)

**Return form to: Transcultural Nursing Society, 37637 Five Mile Rd. #319, Livonia, MI 48154-1543**

