



Infection Control Nurses of Connecticut Membership Application

Effective Year: October 1 through September 30 of the
Following Year. Complete and Submit Anytime.

Step 1: ICNC Membership Application Form

Your Name * * Required

First Last

Credentials

Position

How Long in Position?

Facility/Affiliation *

Facility or Work Address *

Line 1

Line 2

City

State

Zip Code

Country

Your Work or Contact eMail *

Work or Contact Phone
Number *

 - -

Mobile (Cell) Number

 - -

Fax Number

 - -

Membership- Choose One *

- New Membership
 Renewal

Joining With or A Member of - Select One * (Circle One)

Eastern CT | Western CT | Hartford | New Haven

Comment

Thank You!

Step 2: Issue \$40.00 Check Payable to:

ICNC Eastern, or ICNC Fairfield, or ICNC Hartford, or ICNC New Haven

Mail Application with Payment to: Infection Control Nurses of CT, c/o Kris
Magnussen, ICNC President, 216 Broad St, New London, CT 06320