

Individual Information

The Student Membership is available for no cost to full-time pharmacy, nursing, pharmacy technician, dietitian, or other students in the medical field who are interested in home and alternate site infusion therapy. For membership approval, complete all information on this application and attach proof of your status as a student, as described below. Email this application to membership@nhia.org.

Student Name: _____
Street Address: _____
City: _____
State/Province: _____
Zip: _____ Country: _____
Telephone: _____ Email: _____
University/College: _____
Program/Degree: _____

Proof of Current Student Status

Attach proof of your status as a current student at the college or university you are attending. This can be accomplished through a copy of your student transcripts (these can be unofficial). The transcript must show your name, the name of the college/university and the present semester with the classes in which you are enrolled. Membership renewal is not automatic with student membership. Continued proof of student membership is required upon renewal each year.

Questions? Email NHIA's Membership team at membership@nhia.org.

Signature

Date

By signing this application, I affirm that I am a full-time pharmacy, nursing, pharmacy technician, dietitian, or other student in the medical field who is interested in home and specialty infusion therapy are eligible for this category.