



# League of Intravenous Therapy Education (LITE)

## Membership Application

Please PRINT or type



**Applicant Full Name**

**Title** (RN, LPN, Pharmacist, Pharmacy Tech, Industry, other)

**Employer**

**Mailing Address**

**City**

**State**

**Zip**

**Work Phone/Ext.**

**Work Fax**

**Email**

**Website**

**Committees that you're interested in serving on:**

- By-Laws
- Education
- Publications
- Nominating

**How did you learn about LITE?**

\_\_\_\_\_

I authorize LITE to contact me by e-mail

YES NO

**NOTE:** All communication is provided by e-mail. You will receive important updates, notifications, news, etc. by providing us a working e-mail address.

### Active Membership - \$65.00

Active membership status shall be open to persons employed in the health care field and who are interested in intravenous therapy. All active members are required to pay dues and may serve on committees. Professional licensed active members are entitled to hold office and may vote. *Membership valid for one year.*

### Payment Options

- Check**  
Make check payable to LITE and mail to: LITE Office, 2400 Ardmore Blvd. Suite 302, Pittsburgh, PA 15221
- Credit Card**  
Fax form to 412-243-5160 or mail to: LITE Office, 2400 Ardmore Blvd. Suite 302, Pittsburgh, PA 15221

Visa      Master Card      American Express

**Name on Credit Card**

**Card Number**

**Exp. Date**

**CID Number**

I agree to pay LITE the amount of \$ \_\_\_\_\_  
for LITE membership.

**Signature**

**Date**

**If you have questions or would like additional information, contact LITE at: 412-244-4338 or info@lite.org**

### For LITE Office use only

Date Received: \_\_\_\_\_ Deposited: \_\_\_\_\_

Check Amount: \_\_\_\_\_ Number: \_\_\_\_\_

Date Posted: \_\_\_\_\_ \$ \_\_\_\_\_

Credit Card Approval: \_\_\_\_\_