



NATIONAL ASSOCIATION OF SCHOOL NURSES
And MONTANA ASSOCIATION OF SCHOOL NURSES

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Toll-Free: 866-627-6767, Fax: 301-585-1791
https://www.nasn.org and https://www.nasn.org/affiliates



Type of membership:
[] Renew
[] New
NASN ID if known: _____

First name: _____
Middle initial/name: _____
Last name: _____
RN License#: _____
LPN/LVN License#: _____
State of License: _____
Date of Birth: _____

Credentials: _____ (The following order of credentials is recommended: Highest earned degree, mandated requirements (i.e. licensure), state designations or requirements, national certifications, awards and honors, other certifications.)

Primary Address: This is where your membership mailings and journal subscriptions will be mailed. Choose one: Primary Address is: [] Home [] Work

Primary Street/P.O. Box: _____

Primary City: _____ Primary State/Province: _____ Primary Postal Code: _____

Primary School of Employment [Enter your employer if not working in a school]: _____ NCES # _____

Primary School of Employment Address: _____

Primary Telephone (_____) [ext] _____ Primary Telephone is: [] Home [] Work [] Mobile

Secondary Telephone (_____) [ext] _____ Secondary Telephone is: [] Home [] Work [] Mobile

Preferred e-mail: _____ E-mail is: [] Home [] Work Union Affiliation: [] NEA [] AFT

SELECT A MEMBERSHIP TYPE

- [] 124.50 ACTIVE [RN, Primarily assigned to the administration, education, or the provision of school health services]
[] 124.50 ASSOCIATE [Choose if an RN but not eligible for Active, or LPN/LVN]
[] 74.45 STUDENT [Must submit proof of enrollment in a nursing program with membership form.]
[] 80.75 RETIRED [Must be a current Active or Associate to be eligible.]

SELECT A BILLING FREQUENCY

- [] Annual - Annual amounts shown above.
[] Quarterly - Amounts shown above plus a \$5 processing fee spread over four payments. Quarterly payments are subject to auto pay every three months indefinitely unless NASN is notified to terminate the membership. Method of payment must be credit card.

SUBSCRIPTIONS: INITIAL TO ACKNOWLEDGE

I understand that \$5 of the membership fee is for a digital subscription to The Journal of School Nursing for 1 year and \$2 is for a print subscription to the NASN School Nurse for 1 year. Initial: _____

SPECIAL INTEREST GROUPS (SIGs): INITIAL TO ENROLL.

- _____ Private and Parochial School Nurse SIG
_____ School Nurse Educators SIG
_____ Special Needs School Nurses SIG
_____ School Nurse Administrators SIG

SELECT A MEMBERSHIP CARD PREFERENCE

If choosing a quarterly billing frequency, the digital membership card preference must be selected. Print: _____ Digital: _____

INITIAL TO ACKNOWLEDGE

I understand that NASN will send me e-mail and print mail necessary to maintain and manage my membership. Initial: _____

WHAT INFORMATION DO YOU WANT TO RECEIVE?

- _____ NASN e-Newsletter
_____ NASN Annual Conference and Workshop Opportunities
_____ NASN e-Learning Opportunities
_____ NASN Products and Services Information
_____ NASN Holiday Messaging
_____ School Nursing Research Surveys
_____ NASN Employment Center Job Flash
_____ Market Research Surveys
_____ Advertisement print mailings from third-parties
_____ Educational Information print mailings from third-parties

PAYMENT – Prepayment in U.S. funds is required.

- NASN accepts checks and money orders payable to NASN.
• Purchase orders are accepted and must accompany the membership form.
• Credit Card (select one): AMEX _____ MasterCard _____ Visa _____ Discover _____
Credit Card Number: _____ Security Code Number: _____ Exp. Date: _____
Name on Card (Please Print): _____
Authorized Signature: _____

Dues payments are not deductible as a charitable contribution under the Internal Revenue Code, but may be deductible under other provisions of the Code for Federal Income Tax purposes. Dues payments may be deductible by members as an ordinary and necessary business expense. Form updated: 2020