



MONTANA ASSOCIATION OF SCHOOL NURSES & NATIONAL ASSOCIATION OF SCHOOL NURSES

1100 Wayne Ave, Ste 925, Silver Spring, MD 20910

Toll Free: 1-866-NASN-SNS (866-627-6767) FAX 301-585-1791

NASN: http://www.nasn.org - MASN: https://masn.nursingnetwork.com/



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.)

Home Address:

Home City, Home State/Province, Home Postal Code

Work Address:

Work City, Work State/Province, Work Postal Code

Employer, Position/Title

Telephone [W], [ext], [H], [Cell]

Fax, Preferred e-mail

Primary address, Gender, Union Affiliation

BILLING FREQUENCY SELECTION (check one): Annual, Quarterly

Annual Billing: Amounts below paid in full for one membership year.

Quarterly Billing: Amounts below plus a 5% annual installment fee automatically deducted from the financial institution every three months and continuing into the next membership year unless NASN is notified to terminate the dues.

- 124.50 ACTIVE, 124.50 ASSOCIATE, 124.50 MEMBER-AT-LARGE, 74.45 STUDENT, 80.75 RETIRED

SPECIAL INTEREST GROUPS (SIGs):

- I want to be a member of the NASN Private and Parochial School Nurse SIG, I want to be a member of the NASN Consortium of School Nurse Educators SIG, I want to be a member of the NASN Special Needs School Nurses SIG, I want to be a member of the NASN School Nurse Administrators SIG

AREA OF PRACTICE (check all that apply):

- Elementary School Nurse, School Nurse Educator, Administrator, Coordinator or Supervisor, State/Private Consultant, Middle School Nurse, Special Education Nurse, High School Nurse, Preschool Nurse

METHOD OF PAYMENT:

- Check enclosed made payable to NASN, Purchase Order enclosed, Charge my Credit Card (check one): MC, Visa, AmEx, Discover, Credit Card No., Name as it appears on Card, Exp. Date, Verification Value on back of card

Authorizing Signature

Make a Donation

Please consider donating to an NASN fund. Check appropriate fund and enter an amount.

- Donate to NASN's General Fund, Educational Advancement Scholarship Fund, Endowment Fund

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. I understand that \$10 of the NASN Membership is for a subscription to The Journal of School Nursing for 1 year and \$2 of the NASN Membership is for a subscription to the NASN School Nurse for 1 year.

Signature

For NASN Office Use Only: CK#, Amount \$