



MEMBERSHIP APPLICATION FORM
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



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: Home Work Gender: Male Female Union Affiliation: NEA AFT

BILLING FREQUENCY SELECTION (check one): Annual Quarterly (method of payment **must** be credit card)

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.

- 105.00 **ACTIVE** - Registered Professional Nurse having as their primary assignment, the administration, education or the provision of school health services and eligible for Active membership in state school association.
- 105.00 **ASSOCIATE** - Registered Professional Nurse not eligible for Active membership, but who serves a school as a school nurse.
- 105.00 **MEMBER-AT-LARGE** - Persons who hold a special interest in or who are working with NASN and who do not fit into any other membership classification including LVNs and LPNs.
- 51.45 **STUDENT** - **Submit proof of enrollment in program with membership form.** Be enrolled in a nursing program to meet requirements to become a school nurse, or a student not currently a nurse in a nursing program. Maximum of five years of student membership allowed. Be ineligible for student membership if requirements to be a school nurse have been completed and are pursuing further education. (Not granted for those with previous Active membership status.)
- 57.75 **RETIRED** - Any Active member, upon retirement shall be eligible, upon notification to NASN.

SPECIAL INTEREST GROUPS (SIGs):

- I want to be a member of the NASN Private and Parochial School Nurse SIG (no additional fee)
- I want to be a member of the NASN Consortium of School Nurse Educators SIG for members engaged in the work of educating school nurses (no additional fee)
- I want to be a member of the NASN Special Needs School Nurses SIG (no additional fee)
- I want to be a member of the NASN School Nurse Administrators SIG (no additional fee)

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**
Amount: \$ _____
- Educational Advancement Scholarship Fund**
Amount: \$ _____
- Endowment Fund**
Amount: \$ _____

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 \$ _____