



WISCONSIN 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 & WASN http://wischoolnurses.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, Wisconsin District [Enter a # between 1 and 12]

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.

- 160.00 ACTIVE - Registered Professional Nurse...
xxx.xx ASSOCIATE - This classification is not available to members in Wisconsin.
160.00 MEMBER-AT-LARGE - Persons who hold a special interest...
71.45 STUDENT - Submit proof of enrollment...
72.75 RETIRED - Any Active member, upon retirement shall be eligible...

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.

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 \$