



**NATIONAL ASSOCIATION OF SCHOOL NURSES
And OHIO ASSOCIATION OF SCHOOL NURSES**
1100 Wayne Avenue, Suite 925 – Silver Spring, Maryland 20910
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: _____

Date of Birth: _____

RN License#: _____ OR LPN/LVN License#: _____

State of License: _____

OH DOE Pupil Services License #: _____

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

- 165.00 **ACTIVE** [Choose if an RN with a OH DOE Pupil Services SN license]
- 155.00 **ASSOCIATE** [Choose if an RN but not eligible for Active, or LPN/LVN]
- 75.00 **STUDENT** [Must submit proof of enrollment in a nursing program with membership form.]
- 80.00 **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.

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: _____

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: _____

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

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

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: _____