



**NATIONAL ASSOCIATION OF SCHOOL NURSES  
And KANSAS SCHOOL NURSE ORGANIZATION, INC**  
1100 Wayne Avenue, Suite 925 – Silver Spring, Maryland 20910  
Toll-Free: 866-627-6767, Email: [membership@nasn.org](mailto:membership@nasn.org)  
<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**

- ☐ 154.00 **ACTIVE** [RN, Primarily assigned to the administration, education, or the provision of school health services]  
☐ 154.00 **ASSOCIATE** [Choose if an RN but not eligible for Active, or LPN/LVN]  
☐ 154.00 **STUDENT** [Persons who have completed the requirements to be a school nurse but are pursuing further education shall **NOT** be eligible for student membership. Applicants must submit proof of enrollment in a nursing program with the membership form]  
☐ 81.75 **RETIRED** [Must be a current Active or Associate to be eligible.]

**SELECT A BILLING FREQUENCY**

- ☐ **Option 1:** One Annual Payment without an automatic renewal each year.  
☐ **Option 2:** An Annual Payment with an automatic renewal each year.  
☐ **Option 3:** Quarterly Installments with an automatic renewal each quarter. This option will apply a \$5 processing fee to the amounts shown on this form that is spread over four installments.

**IMPORTANT: If choosing a billing frequency with an automatic renewal, auto pay will continue indefinitely unless NASN is notified to terminate the membership. The method of payment must be a credit card.**

**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

**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: \_\_\_\_\_

**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 Weekly Digest eNewsletter  
\_\_\_\_ 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: 2023**