



**NATIONAL ASSOCIATION OF SCHOOL NURSES And
MAINE ASSOCIATION OF SCHOOL NURSES**
1100 Wayne Avenue, Suite 925 – Silver Spring, Maryland 20910
Toll-Free: 866-627-6767, Email: 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

- ☐ 131.00 **ACTIVE** [RN, Primarily assigned to the administration, education, or the provision of school health services]
- ☐ 104.50 **ASSOCIATE** [Choose if an RN but not eligible for Active, or LPN/LVN]
- ☐ 50.95 **STUDENT** [Must submit proof of enrollment in a nursing program with membership form.]
- ☐ 70.75 **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