



**NATIONAL ASSOCIATION OF SCHOOL NURSES  
And NORTH DAKOTA SCHOOL NURSE ORGANIZATION**  
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: \_\_\_\_\_

License#: \_\_\_\_\_ RN License:  LPN/LVN License:  APRN (NP):

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**

- 100.50 **ACTIVE** [RN, Primarily assigned to the administration, education, or the provision of school health services]
- 100.50 **ASSOCIATE** [Choose if an RN but not eligible for Active, or LPN/LVN]
- 48.95 **STUDENT** [Must submit proof of enrollment in a nursing program with membership form]
- 55.25 **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: \_\_\_\_\_