

## 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



Form updated: 2023

Type of membership:			First name:
Renew New	Middle initial/name:		
NASN ID if known:	Last name:		
			Date of Birth:
		RN License#:	
		KIV Electisch.	State of License:
			DH DOE Pupil Services License #:
Candontiala	(The following o		
Credentials: licensure), state designations or requirements, na	tional certifications, awards and	honors, other certifications.	mended: Highest earned degree, mandated requirements (i.e. )
Primary Address: This is where your members	hip mailings and journal subscrip	otions will be mailed. Choo	ose one: Primary Address is:   Home   Work
Primary Street/P.O. Box:			
Primary City:	Prim	ary State/Province:	Primary Postal Code:
Primary School of Employment [Enter your em	nployer if not working in a schoo	1]:	NCES#_
Primary School of Employment Address:			
Primary Telephone ()	[ext] Prin	nary Telephone is: □Hom	e □Work □Mobile
Secondary Telephone ()	[ext] S	econdary Telephone is:	Home □Work □Mobile
Preferred e-mail:		E-mail is: □Home □W	ork Union Affiliation: □NEA □AFT
☐ 75.00 STUDENT [Must submit ☐ 80.00 RETIRED [Must be a cur SELECT A BILLING FREQUENCY ☐ Option 1: One Annual Payment with	rrent Active or Associate	to be eligible.]	nembership form.] S: INITIAL TO ACKNOWLEDGE
renewal each year.  Option 2: An Annual Payment with an automatic renewal each year.		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:	
□ <b>Option 3</b> : 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.		INITIAL TO ACKNOWLEDGE I understand that NASN will send me e-mail and print mail necessary to maintain and manage my membership. Initial:	
IMPORTANT: If choosing a billing freq renewal, auto pay will continue indefinit notified to terminate the membership. The be a credit card.  SPECIAL INTEREST GROUPS (SIGs):  Private and Parochial School Nurse SIG School Nurse Educators SIG Special Needs School Nurses SIG School Nurse Administrators SIG	ely unless NASN is method of payment must	WHAT INFORMA  NASN Week  NASN Annu  NASN e-Lea  NASN Produ  NASN Holid  School Nursi  NASN Empl  Market Rese  Advertiseme	ATION DO YOU WANT TO RECEIVE?  cly Digest eNewsletter al Conference and Workshop Opportunities urning Opportunities lets and Services Information lay Messaging ling Research Surveys oyment Center Job Flash
<ul> <li>NASN accepts checks and money o</li> <li>Purchase orders are accepted and m</li> <li>Credit Card (select one): AMEX_</li> <li>Credit Card Number:</li></ul>	ust accompany the member MasterCard	ership form. Visa Disco	ver

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.