



**NATIONAL ASSOCIATION OF SCHOOL NURSES
And SOUTH DAKOTA SCHOOL NURSE ASSOCIATION**
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

- ☐ 140.00 **ACTIVE** [RN, Primarily assigned to the administration, education, or the provision of school health services]
☐ xxx.xx **ASSOCIATE** [Not available]
☐ 68.95 **STUDENT** [Must submit proof of enrollment in a nursing program with membership form.]
☐ 75.25 **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: _____
