

NYSASN Membership Application

New		Renewal		RN License #		Ck #	
Name:							
Address:							
City, State, Zip:						Mailing Pref: Yes No	
School Name:				District:			
Address:							
City, State, Zip:						Mailing Pref: Yes No	
Email #1:				Email #2:			
County:				Zone #			
# Schools Served:				# Students served:			
Phone# - Home				Phone# - Work			
Fax Home:				Fax Work:			

School	Education	Certification	Position	Licensure	Affiliations	Interests
Public	Diploma	CSNT	SN	RN	NYSNA	I am interested in being active in areas of
Private Charter	AAS/AD	NCSN	SNT	NP	NASN ANA	NYSASN's BOD, conferences or zone activities
Parochial	BS/BA	PNP	NP		Other	Circle below
Other	BSN	SNP	Supervisor			Yes No
Level	Advanced Degree:	FNP	Sub			
Pre-K		Other	Other			
Elementary	Masters					
Middle School	Doctorate					
High School						
Special Education	Other					

Membership Fees:	Active	\$55.00
	Associate	\$55.00
	Retired/Student	\$30.00
	Organization/Business	\$100.00
Total enclosed:		

NYSASN makes its lists of member names and addresses available to carefully screened companies and organizations whose products and educational offerings may be of interest to you. Mailing list rentals are an important and valuable source of income for NYSASN and provide members with information about products and services. If you prefer **NOT** to receive information concerning products and services, please sign below.

Signature: _____ Date: _____

Make Checks Payable to: NYSASN, 70 Lyncourt Park, Rochester, New York 14612