



New York State Association of School Nurses

"Caring For New York's Future"

www.nysasn.org

MEMBERSHIP APPLICATION

Type of Membership: New Renewal RN License # _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) (____) ____ - ____ (W) (____) ____ - ____ (C) (____) ____ - ____

Fax: (H) (____) ____ - ____ (W) (____) ____ - ____

School: _____

District: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Zone # _____

Email #1: _____

Email #2: _____

Mailing preference: home school email

TOTAL DUES: Payment includes 12 full months of membership

- \$55.00 Active
- \$55.00 Associate
- \$30.00 Retired
- \$30.00 Student
- \$100.00 Organization/Business

Total enclosed \$ _____

Make Checks Payable to: NYSASN PO Box 16, South Dayton, NY 14138

Education: Diploma AAS/AD BS/BA BSN Masters Doctorate

Area of Practice (check all that apply) Credentials (check all that apply)

- | | | | |
|--|------------------------------------|------------------------------|-------------------------------------|
| <input type="checkbox"/> Pre-K | <input type="checkbox"/> Public | <input type="checkbox"/> SN | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Private | <input type="checkbox"/> SNT | <input type="checkbox"/> Sub |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> Charter | <input type="checkbox"/> NP | <input type="checkbox"/> CSNT |
| <input type="checkbox"/> High School | <input type="checkbox"/> Parochial | <input type="checkbox"/> FNP | <input type="checkbox"/> NCSN |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Other | <input type="checkbox"/> PNP | |
| | | <input type="checkbox"/> SNP | |

Affiliations: NASN NYSNA ANA NYSUT CSEA

Interests: Board of Directors Conference planning Zone activities

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. Membership 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 of concerning products and services, please sign below.

Signature: _____ Date: _____