



NYSASN

UNIFIED MEMBERSHIP APPLICATION FORM 07/07
NEW YORK STATE ASSOCIATION OF SCHOOL NURSES &
NATIONAL ASSOCIATION OF SCHOOL NURSES
8484 Georgia Ave, Ste 420, Silver Spring, MD 20910
Toll Free: 1-866-NASN-SNS (866-627-6767) FAX 301-585-1791
Visit NASN Website at http://www.nasn.org



NASN and NYSASN occasionally makes their list of member names and street addresses available to carefully screened companies and organizations who offer items that may be of interest in your profession. Please check the items that you prefer NOT to receive and sign below:

- Advertisement for products
Educational material, nursing products, job tools.

Signature _____

** NASN and NYSASN consider phone numbers and Social Security numbers confidential information and will share them only with your NASN State Affiliate organization. This information is not mandatory, but is used to maintain accurate member profiles and conduct NASN business.

Please check the items that you prefer NOT to receive from NASN:

- General Emails
Weekly Digest

Check type of membership: Renew New
Credentials: (check all that apply) RN ADN Teaching credentials BSN MSN APN NCSN Ph.D.
Other: _____

**Social Security Number#: _____

Registered Professional Nurse License # _____ State of Licensure _____ DOB: _____

Name: _____ Zone _____

Mailing Address: _____ HOME WORK

City: _____ State: _____ ZIP: _____

Employer: _____ Position: _____

**Phone (H): _____ (W): _____ (ext) _____ Fax: _____

E-Mail: (H): _____ (W): _____

If you hold an affiliate office or chair, which? _____ term expires: _____

TOTAL DUES (Anniversary of Payment includes 12 full months of benefits)

- 145.50 ACTIVE (Registered Professional Nurse meets State's criteria for certification if mandated certification exists; eligible for Active membership in their state school association.)
145.50 ASSOCIATE (Registered Professional Nurse who is not eligible for Active Membership.)
MEMBER-AT-LARGE (Not Available)
76.50 STUDENT (Student of a school of nursing, NOT employed as a school nurse on a full or part-time basis.) **Not granted to those with a previous Active membership, and shall not be renewed more than once for a graduate nurse.
87.50 RETIRED (School Nurse who is a member, upon retirement shall be eligible to become a retired member.)
200.00 CORPORATE/BUSINESS/PROFESSIONAL ORGANIZATION (Organizations or persons whose members are not eligible for Active or Associate membership in the corporation.)

INTERNATIONAL mailing addresses add \$40.00 to your membership category fee (APO, FPO excluded)

Area of Practice (check all that apply) (SIG)
Preschool Middle School Private/Parochial School
Elementary School High School University Faculty
State/Private Consultant Administrator/Coordinator/Supervisor
Special Education Other
School Nurse Educator NEA AFT
METHOD OF PAYMENT
Check enclosed made payable to NASN
Charge my Credit Card Mastercard Visa Exp. Date
Credit Card No.
Name as it appears on Card
Mailing Address
3 Digit Verification Value on back of card
Authorizing Signature

- Please make this contribution to the NASN Educational Advancement Scholarship Fund \$
Please make this contribution to the Endowment Fund \$

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.

I understand that \$10 of the NASN Membership is for a subscription to The Journal of School Nursing for 1 year and \$2 of the NASN Membership is for a subscription to the NASN Newsletter for 1 year.

Signature _____

For NASN Office Use Only
CK#
Amount \$