



UNIFIED MEMBERSHIP APPLICATION FORM 09/06
**ASSOCIATION OF SCHOOL NURSES OF CONNECTICUT &
 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 ASNC 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 ASNC 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.

Check type of membership: <input type="checkbox"/> Renew <input type="checkbox"/> New Credentials: (check all that apply) <input type="checkbox"/> RN <input type="checkbox"/> ADN <input type="checkbox"/> Teaching credentials <input type="checkbox"/> BSN <input type="checkbox"/> MSN <input type="checkbox"/> APN <input type="checkbox"/> NCSN <input type="checkbox"/> Ph.D. Other: _____
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**Social Security Number#: _____

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

Name: _____

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)

- 126.00 ACTIVE** (Registered Professional Nurse meets State's criteria for certification if mandated certification exists; eligible for Active membership in their state school association.)
ASSOCIATE (Not available)
- 89.50 MEMBER-AT-LARGE** (Person who holds a special interest in or who is working with NASN and who does not fit into any other membership category.)
- 43.50 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.
- 48.00 RETIRED** (School Nurse who is a member, upon retirement shall be eligible to become a retired member).
- 130.00 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)		
<input type="checkbox"/> Preschool	<input type="checkbox"/> Middle School	<input type="checkbox"/> Private/Parochial School (SIG)
<input type="checkbox"/> Elementary School	<input type="checkbox"/> High School	<input type="checkbox"/> University Faculty
<input type="checkbox"/> State/Private Consultant	<input type="checkbox"/> Administrator/Coordinator/Supervisor	
<input type="checkbox"/> Special Education	<input type="checkbox"/> Other _____	
<input type="checkbox"/> School Nurse Educator	<input type="checkbox"/> NEA	<input type="checkbox"/> AFT

- 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 _____

METHOD OF PAYMENT	
Check enclosed made payable to NASN	
Charge my Credit Card	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa Exp. Date _____
Credit Card No.	_____
Name as it appears on Card	_____
Mailing Address	_____
3 Digit Verification Value on back of card	_____
Authorizing Signature	_____

For NASN Office Use Only	
CK#	_____
Amount \$	_____