**Type of membership:**
- Renew
- New

**NASN ID if known:**

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**Primary Address:**
This is where your membership mailings and journal subscriptions will be mailed. Choose one: **Primary Address is:**
- Home
- Work

**Primary City:**
**Primary State/Province:**
**Primary Postal Code:**

**Primary School of Employment:**
[Enter your employer if not working in a school]:

**Primary School of Employment Address:**

**Primary Telephone:**
(_______)______________[ext]_________
**Secondary Telephone:**
(_______)______________[ext]_________

**Preferred e-mail:**
_________________________________________
**E-mail is:**
- Home
- Work
- Mobile

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**SELECT A MEMBERSHIP TYPE**
- 125.00 ACTIVE [RN, Primarily assigned to the administration, education, or the provision of school health services]
- 125.00 ASSOCIATE [Choose if an RN but not eligible for Active, or LPN/LVN]
- 70.75 STUDENT [Must submit proof of enrollment in a nursing program with membership form.]
- 82.05 RETIRED [Must be a current Active or Associate to be eligible.]

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**SELECT A BILLING FREQUENCY**
- Annual - Annual amounts shown above.
- Quarterly - Amounts shown above plus a $5 processing fee spread over four payments. Quarterly payments are subject to auto pay every three months indefinitely unless NASN is notified to terminate the membership. Method of payment must be credit card.

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**SUBSCRIPTIONS: INITIAL TO ACKNOWLEDGE**
$10 of the membership fee is for a subscription to The Journal of School Nursing for 1 year and $2 of the membership fee is for a subscription to the NASN School Nurse for 1 year. Initial: ________

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**SPECIAL INTEREST GROUPS (SIGs): INITIAL TO ENROLL.**
- Private and Parochial School Nurse SIG
- Consortium of School Nurse Educators SIG for members engaged in the work of educating school nurses
- Special Needs School Nurses SIG
- School Nurse Administrators SIG

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**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:**

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**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.**

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**Form updated: 2020**