



**NATIONAL ASSOCIATION OF SCHOOL NURSES**  
**And ILLINOIS ASSOCIATION OF SCHOOL NURSES**  
 1100 Wayne Avenue, Suite 925 – Silver Spring, Maryland 20910  
 Toll-Free: 866-627-6767, Fax: 301-585-1791  
 https://www.nasn.org and https://www.nasn.org/affiliates



**Type of membership:**  
 Renew  
 New  
**NASN ID if known:** \_\_\_\_\_

First name: \_\_\_\_\_  
 Middle initial/name: \_\_\_\_\_  
 Last name: \_\_\_\_\_

RN License#: \_\_\_\_\_

LPN/LVN License#: \_\_\_\_\_

State of License: \_\_\_\_\_ IL Professional Educator License Endorsed in (check what applies)  
 School Nursing \_\_\_\_\_ General Administrative \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Credentials: \_\_\_\_\_ (The following order of credentials is recommended: Highest earned degree, mandated requirements (i.e. licensure), state designations or requirements, national certifications, awards and honors, other certifications.)

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

Primary Street/P.O. Box: \_\_\_\_\_

Primary City: \_\_\_\_\_ Primary State/Province: \_\_\_\_\_ Primary Postal Code: \_\_\_\_\_

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

Primary School of Employment Address: \_\_\_\_\_

Primary Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ [ext] \_\_\_\_\_ Primary Telephone is:  Home  Work  Mobile

Secondary Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ [ext] \_\_\_\_\_ Secondary Telephone is:  Home  Work  Mobile

Preferred e-mail: \_\_\_\_\_ E-mail is:  Home  Work Union Affiliation:  NEA  AFT

**SELECT A MEMBERSHIP TYPE**

- 146.00 **ACTIVE**
- 146.00 **ASSOCIATE** [Choose if an RN but not eligible for Active]
- 211.00 **MEMBER-AT-LARGE** [Choose if not an RN]
- 79.45 **STUDENT** [Must submit proof of enrollment in a nursing program with membership form.]
- 85.75 **RETIRED** [Must be a current Active, Associate or Member at Large to be eligible.]

**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.

**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: \_\_\_\_\_

**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

**SELECT A MEMBERSHIP CARD PREFERENCE**

If choosing a quarterly billing frequency, the digital membership card preference must be selected. Print: \_\_\_\_\_ Digital: \_\_\_\_\_

**INITIAL TO ACKNOWLEDGE**

I understand that NASN will send me e-mail and print mail necessary to maintain and manage my membership. Initial: \_\_\_\_\_

**WHAT INFORMATION DO YOU WANT TO RECEIVE?**

- \_\_\_\_\_ NASN e-Newsletter
- \_\_\_\_\_ NASN Annual Conference and Workshop Opportunities
- \_\_\_\_\_ NASN e-Learning Opportunities
- \_\_\_\_\_ NASN Products and Services Information
- \_\_\_\_\_ NASN Holiday Messaging
- \_\_\_\_\_ School Nursing Research Surveys
- \_\_\_\_\_ NASN Employment Center Job Flash
- \_\_\_\_\_ Market Research Surveys
- \_\_\_\_\_ Advertisement print mailings from third-parties
- \_\_\_\_\_ Educational Information print mailings from third-parties

**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: \_\_\_\_\_

*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.*

**Form updated: 2018**