



**NATIONAL ASSOCIATION OF SCHOOL NURSES
And MASSACHUSETTS SCHOOL NURSE ORGANIZATION**
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: _____
 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

- 155.00 **ACTIVE** [RN, Primarily assigned to the administration, education, or the provision of school health services]
- xxx.xx **ASSOCIATE** [Not Available]
- 71.45 **STUDENT** [Must submit proof of enrollment in a nursing program with membership form.]
- 77.75 **RETIRED** [Must be a current Active or Associate 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: _____