Type of membership:
- Renew
- New
NASN ID if known: __________

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 Address: __________________________________________________________________________________________________

Primary School of Employment [Enter your employer if not working in a school]: ____________________________  NCES # __________

Preferred e-mail: ___________________________________________________ E-mail is: □ Home □ Work □ Mobile

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______

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: 2020