



MEMBERSHIP APPLICATION FORM 09/09
**WYOMING SCHOOL NURSES ASSOCIATION &
 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
 NASN: <http://www.nasn.org> & WSNA <http://www.wyomingschoolnurses.org/>



Type of membership:
 Renew
 New
 NASN ID if known: _____

RN License # _____
 State of RN Lic. _____

A list of member names and mailing addresses may be made 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.

NASN publishes an e-news communication and periodically sends general email messages regarding NASN news and information. Please check the electronic items that you prefer **NOT** to receive from NASN and sign below:

- Weekly Digest
- General Emails

Signature _____

First name: _____ Middle initial/name: _____ Last name: _____

Credentials as you want them printed on your membership card: _____ Date of Birth: _____

Home Address: _____

Home City: _____ Home State/Province: _____ Home Postal Code: _____

Work Address: _____

Work City: _____ Work State/Province: _____ Work Postal Code: _____

Employer: _____ Position/Title: _____

Telephone [W] (_____) [ext] _____ [H]: (_____) Fax: (_____)

Primary address: Home Work Preferred e-mail: _____

Gender: Male Female Union Affiliation: NEA AFT

BILLING FREQUENCY SELECTION AND DEFINITIONS (select one): Annual Quarterly (method of payment **must** be credit card)

Annual Billing: Amounts below paid in full for one membership year.

Quarterly Billing: Amounts below plus a \$5.00 annual installment fee automatically deducted from the financial institution every three months and continuing into the next membership year unless NASN is notified to terminate the dues.

- 135.00 **ACTIVE** - Registered Professional Nurse having as their primary assignment, the administration, education or the provision of school health services and eligible for Active membership in state school association.
- 110.00 **ASSOCIATE** - Registered Professional Nurse not eligible for Active membership, but who serves a school as a school nurse.
- 110.00 **MEMBER-AT-LARGE** - Persons who hold a special interest in or who are working with NASN and who do not fit into any other membership classification including LVNs and LPNs.
- xx.xx **STUDENT** - This classification is not available to members in Wyoming.
- 90.00 **RETIRED** - Any Active member, upon retirement shall be eligible, upon notification to NASN.
- xxx.xx **CORPORATE/BUSINESS/PROFESSIONAL ORGANIZATION** - This classification is not available to members in Wyoming.

SPECIAL INTEREST GROUPS (SIGs):

- I want to be a member of the NASN Private and Parochial School Nurse SIG (no additional fee)
- I want to be a member of the NASN Consortium of School Nurse Educators SIG for members engaged in the work of educating school nurses (no additional fee)
- I want to be a member of the NASN Special Needs School Nurses SIG (no additional fee)

AREA OF PRACTICE (check all that apply):

- Elementary School Nurse School Nurse Educator Administrator, Coordinator or Supervisor
- State/Private Consultant Middle School Nurse
- Special Education Nurse High School Nurse Preschool Nurse

METHOD OF PAYMENT:

- Check enclosed made payable to NASN Purchase Order enclosed
 - Charge my Credit Card (circle one): MasterCard Visa AmEx Discover
- Credit Card No. _____
 Name as it appears on Card _____
 Exp. Date _____ Verification Value on back of card _____
 Authorizing Signature _____

Please make this contribution to (check one):

- Educational Advancement Scholarship Fund**
Amount: \$ _____
- Endowment Fund**
Amount: \$ _____

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 School Nurse* for 1 year.

Signature _____

For NASN Office Use Only

CK# _____ Amount \$ _____