



UNIFIED MEMBERSHIP APPLICATION FORM 09/06  
**COLORADO ASSOCIATION OF SCHOOL NURSES &  
 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  
 Visit NASN Website at <http://www.nasn.org>



**Check type of membership:**     **Renew**         **New**

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**Credentials:** (check all that apply)     RN     ADN     Teaching credentials  
 BSN     MSN     APN     NCSN     Ph.D.  
 Other: \_\_\_\_\_

NASN and CASN occasionally makes their list of member names and street addresses 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.

Signature \_\_\_\_\_  
 \*\* NASN and CASN considers phone numbers and Social Security numbers confidential information and will share them only with your NASN State Affiliate organization. This information is not mandatory, but is used to maintain accurate member profiles and conduct NASN business.

\*\*Social Security Number#: \_\_\_\_\_

Registered Professional Nurse License # \_\_\_\_\_ State of Licensure \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  HOME     WORK

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

\*\*Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (ext) \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: (H): \_\_\_\_\_ (W): \_\_\_\_\_

If you hold an affiliate office or chair, which? \_\_\_\_\_ term expires: \_\_\_\_\_

**TOTAL DUES (Anniversary of Payment includes 12 full months of benefits)**

- 114.50 ACTIVE** (Registered Professional Nurse. Meets state's criteria for certification if mandated certification exists; eligible for Active membership in their state school association.)
- 104.50 ASSOCIATE** (Registered Professional Nurse who is not eligible for Active membership. Serves as a School Nurse.)
- 104.50 MEMBER-AT-LARGE** (Person who holds a special interest in, who is working with NASN, or who does not fit into any other membership category.)
- 58.50 STUDENT** (Student of a school of nursing, NOT employed as a school nurse on a full or part-time basis. \*\* Not granted to those with a previous Active membership, and shall not be renewed more than once for a graduate nurse.)
- 64.50 RETIRED** (School nurse who is a member, upon retirement shall be eligible to become a retired member.)
- 145.00 CORPORATE/BUSINESS/PROFESSIONAL ORGANIZATION** (Organizations or persons whose members are not eligible for Active or Associate membership in the corporation.)

**INTERNATIONAL** mailing addresses add \$40.00 to membership category fee (**APO & FPO excluded**)

Area of Practice (check all that apply)		
<input type="checkbox"/> Preschool	<input type="checkbox"/> Middle School	<input type="checkbox"/> <b>Private/Parochial School</b>
<input type="checkbox"/> Elementary School	<input type="checkbox"/> High School	<input type="checkbox"/> <b>University Faculty</b>
<input type="checkbox"/> State/Private Consultant	<input type="checkbox"/> Administrator/Coordinator/Supervisor	
<input type="checkbox"/> Special Education	<input type="checkbox"/> Other _____	
<input type="checkbox"/> School Nurse Educator	<input type="checkbox"/> NEA <input type="checkbox"/> AFT	

**(SIG)**

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**METHOD OF PAYMENT**

Check enclosed made payable to NASN

Charge my Credit Card:     Mastercard     Visa    **Exp. Date** \_\_\_\_\_

Credit Card No. \_\_\_\_\_

Name as it appears on Card \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

3 Digit Verification Value on back of card \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

- Please make this contribution to the NASN Educational Advancement Scholarship Fund \$ \_\_\_\_\_
- Please make this contribution to the Endowment Fund \$ \_\_\_\_\_

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 Newsletter* for 1 year.

Signature \_\_\_\_\_

<p><b>For NASN Office Use Only</b></p> <p>CK# _____</p> <p>Amount \$ _____</p>
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