<b>MASN</b>
National Association of School Nurses

## NATIONAL ASSOCIATION OF SCHOOL NURSES And MISSOURI 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:	]	First name:	
New NASN ID if known:	Middle initial/name:		
	-	Last name: Date of Birth:	
	License#:	RN License: • LPN/LVN License: • APRN (I	NP): •
Credentials:	(The following order onal certifications, awards and hono	of credentials is recommended: Highest earned degree, mandated requirements ( rs, other certifications.)	(i.e.
Primary Address: This is where your membershi	p mailings and journal subscription	s will be mailed. Choose one: <b>Primary Address is</b> : □Home □Work	
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Primary City:	Primary S	State/Province: Primary Postal Code:	
Primary School of Employment [Enter your emp	loyer if not working in a school]:	NCES #	
Primary School of Employment Address:			
Primary Telephone ()	[ext]Primary	Telephone is: Home Work Mobile	
Secondary Telephone ()	[ext] Secon	dary Telephone is: □Home □Work □Mobile	
Preferred e-mail:	E-n	nail is:  Home Work Union Affiliation:  NEA AFT	
<ul> <li>120.50 ASSOCIATE [Choose if</li> <li>xx.xx STUDENT [Must submit</li> <li>75.25 RETIRED [Must be a cur</li> <li>SELECT A BILLING FREQUENCY</li> <li>Option 1: One Annual Payment withou year.</li> <li>Option 2: An Annual Payment with an</li> </ul>	proof of enrollment in a nur rent Active or Associate to t an automatic renewal each	sing program with membership form] Not Available	
<ul> <li>Option 2: All Almain a gluent with an year.</li> <li>Option 3: Quarterly Installments with quarter. This option will apply a \$5 process shown on this form that is spread over four spread over spread over four spread over four spread over four spread over spr</li></ul>	an automatic renewal each ssing fee to the amounts	INITIAL TO ACKNOWLEDGE I understand that NASN will send me e-mail and print mail necessa maintain and manage my membership. Initial:	ry to
<b>IMPORTANT: If choosing a billing free</b> <b>renewal, auto pay will continue indefini</b> <b>notified</b> to terminate the membership. The be a credit card.	tely unless NASN is	WHAT INFORMATION DO YOU WANT TO RECEIVE?        NASN Weekly Digest eNewsletter        NASN Annual Conference and Workshop Opportunities        NASN e-Learning Opportunities         NASN Products and Services Information	
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<ul> <li>NASN accepts checks and money of Purchase orders are accepted and n</li> <li>Credit Card (select one): AMEX_</li> </ul>	orders payable to NASN. nust accompany the members MasterCard	Visa Discover	
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 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: 2023