



## **MISSOURI ASSOCIATION OF SCHOOL NURSES LIFE MEMBERSHIP**

**Description:** Life Membership may be granted to any MASN member who meets the below criteria.

**Eligibility:** To be eligible for Life Membership, the nominee must meet all of the following criteria.  
Please check all criteria below

- ☐ Active in school nursing 15 years or more.
- ☐ Member of MASN district and state organizations 10 or more years as active, associate, or retired/active.
- ☐ Served on BOD in district and/or state organizations.
- ☐ Worked on a committee at district and state level
- ☐ Shall not be in MASN elected office at the time of presentation.
- ☐ Made significant contributions to school nursing or the school health program at the district and state level.
- ☐ Initiated programs for students that strengthen the educational process through improvement of health.
- ☐ Organized and/or furthered district organization.
- ☐ Active or retired from school nursing.

### **Procedure for Submission of Application:**

Submit the following to the MASN Awards chairman by January 15th.

1. Above criteria eligibility checklist
2. Completed nomination form-see the back of this form
3. Letter or letters of recommendation(s) supporting the qualifications of the nominee, listing contributions and committee work and dates serving on BOD



## MISSOURI ASSOCIATION OF SCHOOL NURSES LIFE MEMBERSHIP NOMINATION FORM

Name of Nominee \_\_\_\_\_

Nominee's Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Present position \_\_\_\_\_

Number of Years as district Member \_\_\_\_\_

Number of Years as MASN Member \_\_\_\_\_

District BOD positions and committee work \_\_\_\_\_

MASN BOD positions and committee work \_\_\_\_\_

	Name	email address	Mailing Address
<b>Nominator</b>			
<b>Nominee's District/ President's name</b>			
<b>Letter of support from</b>			
<b>Letter of support from</b>			
<b>Letter of support from</b>			
<b>Nominee's Lead Nurse</b>			

<b>Nominee's Superintendent</b>			
<b>Nominee's Principal</b>			

Date nomination submitted \_\_\_\_\_

Date nomination received \_\_\_\_\_

Date nomination reviewed \_\_\_\_\_