



New York State Association of School Nurses
"Caring for New York's Future"

www.nysasn.org

MEMBERSHIP APPLICATION

Type of Membership	New	Renewal	RN License #
Name	_____		
Address	_____		
City	_____	State _____	Zip _____
Phone (H)	_____	(W) _____	(C) _____
Fax (H)	_____	(W) _____	(C) _____
District	_____		
School	_____		
Address	_____		
City	_____	State _____	Zip _____
County	_____	Zone # _____	
Email	_____		

Education (Check all that apply) Diploma AAS AD BS BA BSN Masters Doctorate

Area of Practice (Check all that apply) Pre-K Elementary Middle School High School
 Special Education Public Private Charter Parochial Other

Credentials (Check all that apply) SN SNT NP FNP PNP SNP
 Supervisor Sub CSNT NCSN

Affiliations (Check all that apply) NASN NYSNA ANA NYSUT CSEA

Interests Board of Directors Conference Planning Zone Activities

Terms and Conditions:

NYSASN makes its lists of member names and addresses available to carefully screened companies and organizations whose products and offerings may be of interest to you. Membership list rentals are an important and valuable source of income for NYSASN and provide members with information about products and services. If you prefer NOT to receive information concerning products and services, please check this box: Opt Out

Total Dues Payment includes 12 full months of membership.

- \$55.00 Active
- \$55.00 Associate
- \$30.00 Retired
- \$30.00 Student
- \$100.00 Organization/Business

TOTAL ENCLOSED \$ _____

Please make your check payable to NYSASN. Mail your completed form with your payment to:

NYSASN Membership
105 12th Ave.
Holtsville, NY 11742