

NHSNA Member Application Form

Membership year is September 1-August 31

Name: _____

Date: _____ NH Nursing Lic # _____

Email address for NHSNA announcements and updates _____

Check all that apply:

Type of Membership

Active: (*RN, currently practicing School Nursing, Voting member*)

___ \$35.00/one year

Associate (*RN, serves schools but it not eligible for active membership, may not vote or hold office*)

___ \$17.50/one year

Retired Lifetime: (*Not longer in active practice, may vote but not hold office*)

___ \$35.00

___ Renewal Information has not changed

___ I would be interested in more information about serving on a committee.

Home Information:

Mailing Address _____

Home Phone _____

School Information:

School(s) _____

Grade levels _____

Street Address _____

City, State, Zip _____

School Phone _____ School Fax _____

Education:

RN ___ ARNP ___ ADN ___ BSN ___ BA/BS ___ MPH/MA/MS/MEd. ___

Total Years in Nursing _____ Entered School Nursing year _____

Total years School Nursing _____

Current Membership in: NEA ___ AFT ___ NASN ___ ANA ___ ASHA ___ Other ___

Current School Nurse Certification: Yes ___ Year _____ Other Certification _____

Make Your Check Payable to:

New Hampshire School Nurses' Association:

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Mail to: Virginia Hast

5 Birch Tree Lane

Bow, NH 03304

Check # _____ Member card sent to new member Member Card sent to renewal