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2008-2009 MEMBERSHIP APPLICATION

Please Complete All Information - May be Photocopied for Distribution - Do Not Staple or Tape Payment to Application

Applicant's Certification: I am eligible for and am applying for NSNA membership. **I AM CURRENTLY ENROLLED IN NURSING SCHOOL AND HAVE PAID TUITION.** I authorize NSNA to request documentation from the registrar and nursing program to verify my enrollment status. I certify that all statements made in this application are complete and accurate. I understand that:

• *falsification in my application will disqualify my application.* • *failure to follow all instructions on this application will render my application incomplete.*

• ***INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.***

SIGNATURE _____

Dues Option ☐ NEW MEMBER ☐ TWO YEAR MEMBER ☐ RENEWAL–NSNA MEMBER # _____

(see Dues Schedule on reverse side)

The Following Information Is Very Important. **It Will Be Used To Prepare Your Mailing Label for *IMPRINT*. Please Print.**

FIRST NAME LAST NAME

MAILING ADDRESS (DO NOT ABBREVIATE)

CITY STATE ZIP

e-mail _____

(print clearly and differentiate between the letter L; the number 1; the letter O; and zero).

☐ Check here to permit NSNA to release your e-mail address to your state association as part of your membership Excel data file. Note that NSNA does not take responsibility for what happens to your e-mail address once it is released to your state association. See reverse side of page and NSNA privacy policy on *www.nsna.org* for details.

PHONE ( ) _____

FULL NAME OF SCHOOL (DO NOT ABBREVIATE)

SADDLEBACK COLLEGE

CAMPUS & LOCATION

28000 MARGUERITE PKWY

SCHOOL CITY/STATE

MISSION VIEJO, CA 92692

GRADUATION DATE (Month) _____ (Year) _____ GENDER: ☐ M ☐ F ARE YOU PRESENTLY AN RN? ☐ YES ☐ NO

TYPE OF PROGRAM (CHECK ONE) ☐ ADN (A) ☐ DIPLOMA (D) ☐ BSN (B) ☐ PRE-NURSING (P) ☐ OTHER (O)

NSNA LEADERS: *IF YOU HOLD A LEADERSHIP POSITION, PLEASE CHECK ALL APPLICABLE CATEGORIES.*

CHAPTER LEVEL: ☐ SCHOOL CHAPTER PRESIDENT

NSNA STATE LEADER: ☐ MEMBERSHIP CHAIR ☐ VICE PRESIDENTS (VP, FIRST AND SECOND VP) ☐ COMMUNITY HEALTH CHAIR ☐ NEWSLETTER/WEBSITE EDITOR ☐ PUBLIC RELATIONS CHAIR ☐ BYLAWS CHAIR ☐ IMAGE OF NURSING CHAIR ☐ DIRECTOR-AT-LARGE ☐ STATE PRESIDENT ☐ STATE PRESIDENT-ELECT ☐ SECRETARY (CORRESPONDING AND RECORDING) ☐ BREAKTHROUGH TO NURSING CHAIR ☐ TREASURER ☐ LEGISLATION/EDUCATION CHAIR ☐ NOMINATIONS CHAIR

HOW DID YOU HEAR ABOUT NSNA? ☐ STUDENT (O) ☐ DEAN/FACULTY (D) ☐ IMPRINT (I) ☐ NSNA WEBSITE (W)

DATE APPLICATION COMPLETED _____ PROJECT INTOUCH RECRUITER # 1046

NSNA Partnership Program – Check here if you would like additional information ☐ **Amount from Dues Schedule $** _____

Method of Payment ☐ Check ☐ Money Order ☐ MasterCard ☐ Visa

Credit Card No. _____ Expiration Date (Month) _____ (Year) _____

Signature _____ Print Name _____

Optional – Please complete the following additional questions which will be used for statistical purposes and to help NSNA provide better service and products.

Date of Birth: Year _____ Race: ☐ Caucasian ☐ Black ☐ Hispanic ☐ Native American ☐ Asian ☐ Other

Mail the completed application form, check or money order made out to the National Student Nurses' Association, or credit card information to:
National Student Nurses' Association, Box 789, Wilmington, Ohio 45177 or for credit card payment only you can fax form to: (937) 383-4511.