JOIN NSNA ONLINE! ***FASTER! EASIER!*** **Go to *www.nsna.org* and click on MEMBER SERVICES**

2007-2008 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 _____ DATE _____

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

PHONE ( ) _____ **e-mail** _____

To protect your privacy, NSNA does not release e-mail addresses to third parties, however, NSNA releases respective state member's e-mail address as per NSNA policy.

FULL NAME OF SCHOOL (DO NOT ABBREVIATE)

Med Central College of Nursing

CAMPUS & LOCATION

335 Glessner Avenue

SCHOOL CITY/STATE

Mansfield Ohio 44903

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 ARE AN NSNA LEADER, PLEASE IDENTIFY YOURSELF BY CHECKING ALL CATEGORIES THAT ARE APPLICABLE. NSNA WILL USE THIS INFORMATION TO PERIODICALLY SEND YOU IMPORTANT INFORMATION ABOUT NSNA ACTIVITIES. BE SURE TO INCLUDE YOUR E-MAIL ADDRESS.*

CHAPTER LEVEL: ☐ SCHOOL CHAPTER PRESIDENT

NSNA STATE LEADER: ☐ MEMBERSHIP CHAIR ☐ VICE PRESIDENTS (VP, FIRST AND SECOND VP) ☐ COMMUNITY HEALTH CHAIR
☐ NEWSLETTER 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 # _____

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.**