

# JOIN NSNA ONLINE!

**FASTER! EASIER!**  
Go to [www.nсна.org](http://www.nсна.org) and  
click on **MEMBER SERVICES**

## HOW TO JOIN NSNA

### PLEASE READ CAREFULLY

Please refer to the Membership Application Instructions. The dues schedule represents state and national dues combined. Pay the amount indicated on the dues schedule for your state (in which you attend school) under the heading that relates to your dues option as follows:

*New members:* pay the amount under the **New Member** heading.

*Renewing Members:* pay the amount under the **Renewals** heading.

*Two Years:* pay the amount under the **Two Years** heading.

*Distance Education Program Learners:* pay dues in the state where you reside (i.e. students enrolled in Excelsior College or University of Phoenix should join in the state where you reside).

The amounts on the Dues Schedule are in effect until 6/30/2006. **Do not include school chapter dues with your payment.** There will be no refunds except for overpayments as per NSNA policy. A \$10 charge will be assessed for bounced checks. Membership is nontransferable. Membership dues are not refundable.

## DUES SCHEDULE 2005/2006

New members (first-time joiners) and two-year members receive a \$10.00 discount as indicated on the dues schedule.

STATE	NEW MEMBER	RENEWALS	TWO YEARS	STATE	NEW MEMBER	RENEWALS	TWO YEARS
Alabama	\$28	\$38	\$66	Montana	\$25	\$35	\$60
Alaska	20	30	50	Nebraska	26	36	62
Arizona	27	37	64	Nevada	30	40	70
Arkansas	25	35	60	New Hampshire	25	35	60
California	30	40	70	New Jersey	30	40	70
Colorado	20	30	50	New Mexico	20	30	50
Connecticut	25	35	60	New York	30	40	70
Delaware	25	35	60	North Carolina	30	40	70
Dist. of Columbia	25	35	60	North Dakota	25	35	60
Florida	30	40	70	Ohio	30	40	70
Georgia	30	40	70	Oklahoma	28	38	66
Guam	20	30	50	Oregon	26	36	62
Hawaii	25	35	60	Pennsylvania	35	45	80
Idaho	25	35	60	Puerto Rico	20	30	50
Illinois	35	45	80	Rhode Island	25	35	60
Indiana	30	40	70	South Carolina	30	40	70
Iowa	30	40	70	South Dakota	25	35	60
Kansas*	30	40	65	Tennessee	30	40	70
Kentucky	25	35	60	Texas	30	40	70
Louisiana	30	40	70	Utah	25	35	60
Maine	25	35	60	Vermont	20	30	50
Maryland	30	40	70	Virgin Islands	20	30	50
Massachusetts	27	37	64	Virginia	30	40	70
Michigan	30	40	70	Washington	20	30	50
Minnesota	30	40	70	West Virginia	32	42	74
Mississippi	28	38	66	Wisconsin	27	37	64
Missouri	30	40	70	Wyoming	20	30	50

\*Kansas state dues for new and renewing members are 10.00. Members joining for 2 years will pay only 5.00 for the second year state dues.

## MEMBERSHIP APPLICATION INSTRUCTIONS

### Follow instructions carefully to avoid delays in processing.

**1. Type or print all information.** Print your complete mailing address. This is used to prepare your *Imprint* mailing label. Print the full name of your school and the campus you attend. Be sure to notify NSNA if your address changes.

### NSNA Leadership Categories

Student leaders please check off the position you hold at the school and state level. By providing this information, you will receive special mailings and e-mail updates about NSNA's program activities.

**2. Indicate your Dues Option** and make your check or money order payable to the National Student Nurses' Association. There will be no refunds except for overpayments, as per NSNA policy. There is a \$10 charge for bounced checks. Membership is non-transferable. Credit card payment by Visa/MasterCard is available. Make a copy of the membership form and payment for your records. Keep your canceled check, money order, or credit card invoice as proof of payment.

**3. Send your membership application, along with your dues payment, to the membership processing facility located at:**

**National Student Nurses' Association  
Box 789  
Wilmington, Ohio 45177**

Note: The NSNA membership dues includes \$3.00 for a one-year subscription to *Imprint* and is not deductible from dues.

**4. To facilitate processing, individuals should send in their membership application and payment directly to NSNA in**

Wilmington, Ohio. For schools sending in several memberships together, please make sure that the total payment enclosed for membership dues is correct and that a **completed membership application is included for each student. Incorrect payments and applications will delay processing.**

Membership does not begin until the application is processed by NSNA in Ohio. Do not send membership applications to New York.

**5. If you do not receive your membership card or *Imprint*, please contact NSNA at (718) 210-0705 or [receptionist@nsna.org](mailto:receptionist@nsna.org).** Membership in NSNA is for either a one or two-year period, starting on the date the application is processed. You will receive a membership card and membership benefits information via first class mail within 4-6 weeks from the time your membership application and dues are received and processed.

When you receive your first issue of *Imprint* depends upon the date your form is processed by NSNA, as follows:

April 16 - September 15: September/October issue;  
September 16 - November 15: November/December issue;  
November 16 - January 15: January issue;  
January 16 - February 15: February/March issue; and  
February 16 - April 15: April/May issue.

**Note:** Please retain your canceled check, money order receipt or credit card invoice as proof of membership. Include your membership number when corresponding with NSNA. Please send change of address to the Wilmington, Ohio address or use **MEMBER SERVICES to update member profile.**

**Notice:** Contributions or gifts to the NSNA are not deductible as charitable contributions for federal income tax purposes. However, dues payments may be deductible as an ordinary and necessary business expense. A portion of dues, however, is not deductible as an ordinary and necessary business expense to the extent that NSNA engages in lobbying. The nondeductible portion of dues for 2005-06 is estimated at 1%.

## 2005-2006 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** \_\_\_\_\_

By providing your e-mail address you authorize NSNA to use it to communicate with you. You may unsubscribe at any time. NSNA does not release e-mail addresses to state associations without your permission. In the event that a state association requests rental of your state's e-mail list, you will be given notice with 30 days to inform NSNA not to release your e-mail address to the respective state association.

FULL NAME OF SCHOOL (DO NOT ABBREVIATE)																								

CAMPUS & LOCATION																								

SCHOOL CITY/STATE																								

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

TYPE OF PROGRAM (CHECK ONE)  <sub>A</sub> ADN  <sub>D</sub> DIPLOMA  <sub>B</sub> BSN  <sub>P</sub> PRE-NURSING  <sub>O</sub> OTHER

**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?  <sub>O</sub> STUDENT  <sub>D</sub> DEAN/FACULTY  <sub>I</sub> IMPRINT  <sub>W</sub> NSNA WEBSITE

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.**