

## JOIN NSNA® ONLINE

**FASTER! EASIER!**

VISIT [WWW.NSNA.ORG](http://WWW.NSNA.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 Year** heading.

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

The amounts on the Dues Schedule are in effect until 6/30/2011. **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 2010/2011

*In effect July 1, 2010 - June 30, 2011*

STATE	NEW MEMBER	RENEWALS	TWO YEARS	STATE	NEW MEMBER	RENEWALS	TWO YEARS
Alabama	\$35	\$40	\$70	Montana	\$30	\$35	\$60
Alaska	\$25	\$30	\$50	Nebraska	\$31	\$36	\$62
Arizona	\$32	\$37	\$64	Nevada	\$35	\$40	\$70
Arkansas	\$30	\$35	\$60	New Hampshire	\$30	\$35	\$60
California	\$35	\$40	\$70	New Jersey	\$40	\$45	\$80
Colorado	\$35	\$40	\$70	New Mexico	\$25	\$30	\$50
Connecticut	\$30	\$35	\$60	New York	\$35	\$40	\$70
Delaware	\$25	\$30	\$50	North Carolina	\$35	\$40	\$70
Dist. of Columbia	\$25	\$30	\$50	North Dakota	\$30	\$35	\$60
Florida	\$35	\$40	\$70	Ohio	\$35	\$40	\$70
Georgia	\$35	\$40	\$70	Oklahoma	\$33	\$38	\$66
Guam	\$25	\$30	\$50	Oregon	\$31	\$36	\$62
Hawaii	\$25	\$30	\$50	Pennsylvania	\$40	\$45	\$80
Idaho	\$30	\$35	\$60	Puerto Rico	\$25	\$30	\$50
Illinois	\$40	\$45	\$80	Rhode Island	\$30	\$35	\$60
Indiana	\$35	\$40	\$70	South Carolina	\$35	\$40	\$70
Iowa	\$35	\$40	\$70	South Dakota	\$30	\$35	\$60
Kansas+	\$35	\$40	\$65	Tennessee	\$35	\$40	\$70
Kentucky	\$35	\$40	\$70	Texas	\$40	\$45	\$80
Louisiana	\$35	\$40	\$70	Utah	\$30	\$35	\$60
Maine	\$30	\$35	\$60	Vermont	\$25	\$30	\$50
Maryland	\$35	\$40	\$70	US Virgin Islands	\$25	\$30	\$50
Massachusetts	\$32	\$37	\$64	Virginia	\$35	\$40	\$70
Michigan	\$35	\$40	\$70	Washington	\$35	\$40	\$70
Minnesota	\$35	\$40	\$70	West Virginia	\$37	\$42	\$74
Mississippi	\$33	\$38	\$66	Wisconsin	\$32	\$37	\$64
Missouri	\$35	\$40	\$70	Wyoming	\$25	\$30	\$50

+Kansas state dues for new and renewing members are \$10. Members joining 2 years will pay only \$5.00 for the second year state dues.

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

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

**Email Addresses:** please provide NSNA® with your email address. NSNA® frequently communicates with members via email. Email addresses are not released to third parties; however, you may "opt-in" to permit NSNA® to release your email address along with your membership data to your state association in an Excel file. If you choose this option, please note that NSNA does not take responsibility for what happens to your email address once it is released to your state association. See NSNA® privacy policy for details.

### 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 email 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 nontransferable. 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 as proof of payment.

**3.** Follow instructions carefully to avoid delays in processing. 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 a one-year subscription to *Imprint*.

**4.** To facilitate processing, individuals should send in their membership application and payment directly to NSNA® in Wilmington, Ohio. For schools sending in several membership 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 [nsna@nsna.org](mailto:nsna@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 online.**

**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 2010-2011 is estimated at 1%.

+The January 2011 *Imprint Career Planning Guide* will be published online only in an interactive professional magazine style format. This initiative supports NSNA's "green" initiative to Support Increasing Environmental Health Advocacy and Education (2009 NSNA House of Delegates).



# 2010-2011 MEMBERSHIP APPLICATION



Please complete all information. May be photocopied for distribution. Do not staple or tape payment to application. JOIN NSNA ONLINE! Just go to [www.nсна.org](http://www.nсна.org) and click on MEMBER SERVICES

**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 nursing 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 falsifications in my application will disqualify my application and that 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 dues schedule on page 6) **The following information is very important. It will be used to prepare your mailing label for Imprint. Please print.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
[Grid for name entry]

Mailing Address (Do Not Abbreviate)  
[Grid for address entry]

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_  Check here to permit NSNA to release your email 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 email address once it is released to your state association. See NSNA privacy policy on [www.nсна.org](http://www.nсна.org) for details.

Permanent Email Address: \_\_\_\_\_

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

Full Name of School (Do Not Abbreviate)  
[Grid for school name entry]

Campus & Location  
[Grid for campus/location entry]

School City/State  
[Grid for school city/state entry]

Gender:  M  F Expected Date of Graduation (Month): \_\_\_\_\_ (Year) \_\_\_\_\_

Type of programs (Check one):  Associate Degree  Diploma  Baccalaureate Pre-licensure  RN to BSN  Master Pre-licensure  Doctorate Pre-licensure  
How did you hear about NSNA?  Student  Dean/Faculty  Imprint®  NSNA Website

Project InTouch Recruiter #: \_\_\_\_\_  NSNA Partnership Program: Check if you would like additional information

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 (Month/Day/Year): \_\_\_\_\_ Race:  Black or African American  American Indian or Alaska Native  Asian  Hispanic or Latino  Native Hawaiian or other Pacific Islander  Mixed Race  Caucasian  Other \_\_\_\_\_

Amount from Dues Schedule: \$ \_\_\_\_\_ Are you currently? (Check all that apply):  
 Foundation Contribution: \$ \_\_\_\_\_  Pre-nursing student (taking courses to qualify to enter nursing program)  Licensed Practical/Vocational Nurse  
**Total:** \$ \_\_\_\_\_  Registered Nurse  Second career student  Attend accelerated pre-licensure program

**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  Breakthrough to Nursing® Chair  Bylaws Chair  Treasurer  
 Nominations Chair  Image of Nursing Chair  Legislation/Education Chair  Secretary

Method of Payment:  Check  Money Order  MasterCard  Visa  NSNA Visa (Earn Worldpoints® and supports NSNA activities)



Credit Card No.: \_\_\_\_\_ Expiration Date: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Mail the completed application form, check or money order made out to 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 may fax form to (937) 383-4511**