

Sustaining Membership Application

Please check:

Individual: \$50 per year
(Note: \$5.00 of dues goes to the state student nurses' association)

New Graduate: \$30 per year
(up to 12 months after graduation)

Local or State Agency/Organization: \$250 per year

School of Nursing: \$250 per year

National Organization: \$500 per year

Foundation of NSNA Contribution* _____

*The Foundation of the National Student Nurses Association (FNSNA) is organized exclusively for charitable and educational purposes, the Foundation awards scholarships to qualified nursing students. Contributions to the FNSNA are tax-deductible.

Total: _____

PLEASE CLEARLY PRINT ALL INFORMATION

New **Renewal** Sustaining Member # _____

Name

Mailing Address

City State Zip

()

Phone

E-mail

National, state and local organizations: please print exactly how you wish your organization or company name to appear in NSNA publicity.

Organization

Contact Person

Title

() ()

Phone FAX

E-mail

METHOD OF PAYMENT

Check Money Order Purchase Order Payable to NSNA, Inc.

MasterCard Visa

Card No.

Exp. Date Month Year

Print Authorizing Name

Credit Card Authorizing Signature

Mail this form with payment to:

National Student Nurses Association, Inc.
Sustaining Membership Processing Dept.
P.O. Box 789 Wilmington, OH 45177

Purchase order and credit card payment FAX to (937) 383-4511.