

**WEST VIRGINIA ASSOCIATION OF SCHOOL NURSES
MEMBERSHIP APPLICATION**

PLEASE PRINT CLEARLY OR TYPE

PERSONAL INFORMATION

First Name _____ MI _____ Last _____ Title _____
Home Phone () _____
Home Address _____
City _____ State _____ Zip _____

WORK INFORMATION

Employer _____ County _____ RESA _____
Title / Position _____
Work Phone () _____ Email Address _____
Work Address _____
City _____ State _____ Zip _____

I prefer to receive mail at: HOME WORK
Membership Status: **RENEWAL** **NEW MEMBERSHIP**

MEMBERSHIP TYPE

- ACTIVE** (Certified school nurse currently working in WV, or working on special permit and working on certification)
- ASSOCIATE** (Any nurse with special interest in or are working with the WVASN)
- RETIRED** (Any retired registered professional nurse)
- STUDENT** (Any student enrolled to meet requirements to become a school nurse or any student not currently a nurse but enrolled in a professional nursing program. Students must submit proof of enrollment with application and are limited to 5 years of student membership)
- CORPORATE/BUSINESS/PROFESSIONAL ORGANIZATION** (Organizations or persons who desire to support the goals of WVASN and whose members are not eligible for Active or Associate Memberships)
- MEMBER-AT-LARGE** (Persons who hold a special interest in or who are working with a corporation/business/professional organization and who do not meet the criteria for other classifications)
- HONORARY** (WVASN Past Presidents or other individuals who have been recognized for significant contributions to WVASN)

DUES: \$25.00 FOR ALL ACTIVE MEMBERS
\$15.00 FOR ALL OTHER CLASSIFICATIONS

(Dues become payable at the Fall Conference for the ensuing year. Dues are delinquent after December 1st. Please include a self-addressed stamped envelope if you wish to receive a membership card.)

MAKE CHECK PAYABLE TO: West Virginia Association of School Nurses