



MISSOURI ASSOCIATION OF SCHOOL NURSES LIFE MEMBERSHIP

Description: Life Membership may be granted to any MASN member who meets the below criteria.

Eligibility: To be eligible for Life Membership, the nominee must meet all of the following criteria. Please check all criteria below

- Active in school nursing 15 years or more.
- Member of MASN district and state organizations 10 or more years as active, associate, or retired/active.
- Served on BOD in district and/or state organizations.
- Worked on a committee at district and state level
- Shall not be in MASN elected office at the time of presentation.
- Made significant contributions to school nursing or the school health program at the district and state level.
- Initiated programs for students that strengthen the educational process through improvement of health.
- Organized and/or furthered district organization.
- Active or retired from school nursing.

Procedure for Submission of Application:

Submit the following to the MASN Awards chairman by **January 15th.**

1. Above criteria eligibility checklist
2. Completed nomination form-see the back of this form
3. Letter or letters of recommendation(s) supporting the qualifications of the nominee, listing contributions and committee work and dates serving on BOD



MISSOURI ASSOCIATION OF SCHOOL NURSES LIFE MEMBERSHIP NOMINATION FORM

Name of Nominee _____

Nominee's Home Street Address _____

City _____ State _____ Zip Code _____

Phone # (Cell) _____ (Work) _____

Employer's Name _____

Employer's Street Address _____

City _____ State _____ Zip Code _____

Present position _____

Number of Years as district Member _____

Number of Years as MASN Member _____

District BOD positions and committee work _____

MASN BOD positions and committee work _____

	Name	email address	Mailing Address
Nominator			
Nominee's District/ President's name			
Letter of support from			
Letter of support from			
Letter of support from			
Nominee's Lead			

Nurse			
Nominee's Superintendent			
Nominee's Principal			

Date nomination submitted _____

Date nomination received _____

Date nomination reviewed _____