



**MEMBERSHIP APPLICATION FORM
MISSOURI ASSOCIATION OF SCHOOL NURSES
PROFESSIONAL SCHOOL NURSE ORGANIZATION**



Type of membership:

Renew

New

Nursing License (RN) _____

Nursing License (LPN) _____

First name _____

Middle initial/name _____

Last name _____

Name you go by _____

Date of Birth _____

Work phone _____ Cell phone _____

Credentials: LPN RN BSN BS BA MSN MS MA MEd PhD NP NCSN Other _____

Home Address _____

City _____ State _____ Zip _____

School District: _____ County: _____

Email address _____ #2 Email address _____

Assigned school _____ PreK Elementary Middle High Lead

Who is the Lead Nurse/Health Services Director/Nurse Coordinator for your district _____

Please make sure the treasurer's email is in your frequent contacts. Most communications will be sent by email.

The MASN website "Member only" section requires user name and password (assigned after joining MASN).

Are you currently on the Missouri School Nurse List Serve? YES or NO

MASN DISTRICT MEMBERSHIP

If you are not sure which district, see <https://missourischoolnurses.org/about-us/> or contact MASN Membership Chair.

Central \$0 Jefferson County \$15 Northwest \$0 Southeast \$10

Greater Kansas City \$15 Northeast \$10 South Central \$5 Southwest \$10

St Joseph paid locally St Louis City \$15 St Louis Suburban \$15

MASN MEMBERSHIP

\$35 Active- Employed registered nurse working as a school nurse, school nurse administrator in the state of Missouri, or retired registered school nurse who desires to remain in the active membership classification.

\$ 20 Associate- Licensed practical nurse employed to provide school health services in accordance with MO Nurse Practice Act, or a retired school nurse who desires Associate membership classification

\$ 20 Member at Large –Registered nurse serving in an allied child health field shall be granted Associate membership privileges.

(No Dues) Life Member- Granted to any member, who meets criteria listed in the operating guidelines, has recommendation of the awards committee and is approved by majority vote of Board of Directors.

NASN membership is \$105 active, associate and at large. Retired membership is \$57.75. A quarterly payment option is available. Please pay NASN dues directly on their web site at NASN: <http://www.nasn.org>

I paid NASN dues on _____

MASN District dues \$	_____
MASN dues \$	_____
Total \$	_____

Mail to: Patty Buckholz
9001 Manning
Kansas City, MO 64138
pattyab@hickmanmills.org

If you are an active member, would you be interested in serving on a committee? () Yes () No or as an officer? () Yes () No