

Alabama Association of School Nurses, Inc.
Membership Application Form

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: () _____

Work Phone: () _____ Other Phone: () _____

Email address(s): _____

Name and address of the school system you work/contract with:

School: _____ System: _____

Work address: _____ City: _____ Zip: _____

Name of Lead School Nurse: _____

Please see new District Map at www.aasn.org and circle your district area: District: 1 2 3 4 5 6 7

Please see AASN brochure and check the membership type you qualify for:

___ ACTIVE Member (\$35.00) (RN and working in school health services)

___ ASSOCIATE Member (\$20.00) (LPN and all others interested in school health)

___ RETIRED Member (No charge)

MEMBERSHIP:

AASN Membership year is from August 1 until July 31. Membership applications received after March 31st of each year will be processed for the upcoming membership year.

Please check all that apply:

___ New member

___ Check here if you have been a school nurse less than one year

___ Renewal member

___ Registered Nurse Please Circle: AD BSN MSN Other: _____

___ Licensed Practical Nurse

___ Member of other affiliate organization(s) NASN AEA ASNA Other: _____

I am interested in serving as leadership in: (Please check all that apply)

___ Officer ___ Committee ___ Activity ___ District ___ Other: _____

Mail completed form along with payment of dues to: **AASN, Inc.**
c/o Wyndy Looney, Treasurer
14270 Southland Drive
Tuscaloosa, AL 35405

For office use only: Received on: _____ Membership year: _____