

# Kentucky School Nurses Association

## Membership Form

Date: \_\_\_\_\_ School Year: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_

County: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

I am employed as: *(check all that apply)*

- R.N.    L.P.N.    FRYSC Nurse    Health Educator    Health Coordinator    Ky. Cert. School Nurse  
 NASN Certified School Nurse    Other \_\_\_\_\_

Number of students served \_\_\_\_\_ I am a member of:  KNA    NASN    ANA

Other school health organization: \_\_\_\_\_

Make a check or money order payable to: KSNA

Amount Enclosed: \$ \_\_\_\_\_  R.N. Active \$30    R.N. Retired \$15    Associate \$20 *(i.e. LPN, Health Coordinator)*

Mail to: Pat Glass, Jessamine County Schools, 501 East Maple Street, Nicholasville, KY 40356

I am interested in serving on the following: *(check all those you are interested in)*

Offices:

- President    President-Elect    Secretary    Treasurer

Committees:

- Bylaws    Sales/Fundraiser    CEU    Program Planning    Legislation  
 Nominating    Certification    Public Relations    NASN Delegate

Delegate For *(check region)*:

- Northern    Southern    Eastern    Western    Central