

**Warren County School Nurses Association**

Application for Membership

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

School: \_\_\_\_\_

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

School Phone: \_\_\_\_\_

School Email: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_

Are you a member of NASN/NJSSNA?                      Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a Certified School Nurse (CSN-NJ)?                      Yes \_\_\_\_\_ No \_\_\_\_\_

**Membership Dues**

Regular membership      \$30.00                      Associate membership      \$15.00

Please mail application and dues to Colleen Schiller at 281 Washburn Avenue,  
Washington, NJ 07882. Checks can be made out to WCSNA.

## **Requirements for membership:**

Regular members shall:

- possess a license to practice as a registered professional nurse in the State of New Jersey
- shall possess (or actively obtaining) a current New Jersey School Nurse Certificate
- be currently employed by a school board of education as a school nurse

Regular members shall have full privileges including voting and holding office.

Associate members shall:

- be engaged in school health services
- former members no longer eligible for regular membership
- retired school nurses
- employed as substitute school nurse
- have an interest in school nursing and health services (i.e. nursing students)

Associate member shall enjoy the privileges of the Association, but shall not vote or hold office.

Members are encouraged to join NASN and NJSSNA.