

Gloucester County School Nurses Association

MEMBERSHIP APPLICATION

School Year: _____

(Print out and mail completed application with check as instructed below)

NAME: _____

HOME ADDRESS: _____

HOME PHONE#: _____ HOME E-MAIL: _____

SCHOOL NAME & ADDRESS: _____
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SCHOOL PHONE #: _____ SCHOOL E-MAIL: _____

SCHOOL DISTRICT: _____

GRADE LEVELS SERVICED: _____ NUMBER OF STUDENTS: _____

NUMBER OF BUILDINGS SERVICED: _____

HIGHEST LEVEL OF EDUCATION: BS/BSN _____ MS/MSN/MA _____ EdD, PhD, DNP _____

ARE YOU CERTIFIED AS A SCHOOL NURSE BY THE NJ DEPT. OF ED.? _____

Make Checks Payable to GCSNA & MAIL APPLICATION TO:

*Carol Ann Wesh
107 North Clinton Ave.
Wenonah, NJ 08090
Deadline: 10/15*

ACTIVE MEMBER (Full Time or Part-Time Nurse) **\$30.00** Check # _____, Cash _____

ASSOCIATE MEMBER (Students or Sub. Nurse) **\$20.00** Check # _____, Cash _____

RETIRED MEMBER – Free

MEMBER OF: NASN/NJSSNA (unified dues) _____