Passaic County School Nurses Association
Annual Membership Form

2026-2027 Membership Year

MEMBER INFORMATION	
First Name	Last Name
Email	Phone *(optional)*
Home Mailing Address	

SCHOOL INFORMATION	
School District	
School Name(s)	
Number of Schools Assigned	Building Enrollment

EDUCATION *(select highest level)*	
□ Bachelor of Science in Nursing	□ Master of Education
□ Other Bachelor Degree _____	□ Other Master Degree _____
□ Master of Science in Nursing	□ Doctoral Degree

PROFESSIONAL ORGANIZATIONS *(select all active memberships)*	
□ National Association of School Nurses	□ New Jersey State School Nurses Association
□ American Nurses Association	□ Sigma Theta Tau International
□ Other _____	

PASSAIC COUNTY SCHOOL NURSES ASSOCIATION MEMBERSHIP	
□ New Membership	□ Renewal Membership
□ Regular Member *(Current school nurse with a School Nurse or Emergency Certificate)* — $35 *(Includes membership and all county meetings)*	
□ Associate Member *(Retired, substitute, part-time, and student school nurse)* — $30 *(Includes membership and all county meetings)*	

PAYMENT & FORM SUBMISSION INFORMATION

Please return your completed membership form along with a check payable to PCSNA for your annual membership dues. Returned checks are subject to a $25 fee. Mail your completed form and payment to:

Janet DeStefano
18 Judith Place
Wayne, NJ 07470