

PASSAIC COUNTY SCHOOL NURSES ASSOCIATION

School Year 22/23

Renewal _____

New Member _____

NAME _____

Home Street Address _____

Home City, State, Zip _____

Home Phone # _____ email _____

SCHOOL NAME _____

School Street Address _____

School City, State, Zip _____

School Phone # _____ Ext _____ Fax # _____

of Schools Assigned _____ Building(s) Enrollment _____

EDUCATION: (circle all that apply) RN CSN BA BS MA MS APN Other _____

Please circle all ORGANIZATIONS to which you have active membership:

NASN NJSSNA ANA ASHA SIGMA THETA TAU Other _____

Please return membership application with dues payable to **PCSNA** to:

Victoria Evans, RN, CSN
36 Heritage Dr.
West Milford, NJ 07480

Regular Member \$ 35 _____
(includes membership and all three meetings)
Associate Member \$ 30 (check one)
(includes membership and all three meetings)
Part Time ___ Retired ___ Substitute ___ Student ___