



## Membership Form

**School Year 25/26**

Renewal \_\_\_\_ New Member \_\_\_\_

NAME \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ email \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_

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

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

**Regular Member \$ 35** \_\_\_\_ (includes membership and all three meetings)

**Associate Member \$ 30** (includes membership and all three meetings)

*check one:* Part Time \_\_\_\_ Retired \_\_\_\_ Substitute \_\_\_\_ Student \_\_\_\_

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

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