



Alabama Association of School Nurses Membership Application Form

Renew Membership New Membership

Select Membership Type: Active Associate Retired
Honorary

Date:

CONTACT INFORMATION

First Name:

Last Name:

Username:

Organization:

Email:

Home Address:

City:

State:

Zipcode:

PROFESSIONAL DATA

Are you currently working as an Alabama School Nurse? Yes No

County You Work In:

Public School Private School

Contract Hours Per Day:

Contract Days Per Week:

Nursing Degree:

Nursing License #:

Advanced Certification:

Number of Schools You Personally Serve:

Number of Students Personally You Serve:

Are You Lead Nurse: Yes No

Your Supervisor's Name:

No. of RN's You Supervise:

No. of LPN's You Supervise:

No. of UAP's You Supervise:

AASN District Number:

Your Lead Nurse's Name:

Are you a member of one of these affiliate organizations?:

NASN AEA ASNA

ADDITIONAL CONTACT INFORMATION

Secondary Email Account:

Work Phone:

Phone Extension at Work:

Phone Number:

Fax Number:

Social Media: Add facebook address to link on the member directory:

Payment Method: Check Other

Notes: