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Georgia Association of School Nurses
 Membership Application [Membership Year: July 1 -June 30]

Date of Application _____ Type of Membership - New ____ Renewal ____

Last Name _____ First Name _____
 Address _____ City _____ State ____ Zip _____
 Primary Email _____

**Your Primary Email address is your website login and your Listserve email address.
 Your password is: password. Please login, go to Members Area, change your password,
 and make sure all your information is correct.**

Secondary Email: _____ Work Phone: _____
 Home Phone: _____ Fax Number: _____ Public ____ Private ____
 County: _____ District: _____ School Name: _____
 Hours per Day: _____ Days per Week: _____ State License #: _____
 Degree: UAP__ LPN__ Diploma RN__ ADN RN__ BSN RN__ Master RN__ Other _____
 Advanced Certification: NP__ PNP__ NCSN__ Other _____ # of Schools _____
 # of students you serve: _____ Are you a Lead Nurse? Yes__ No__
 Your Supervisor's Name: _____
 Do you supervise other nurses? Yes__ No__ How many staff total? ____
 If so, how many?: __ RN's __ LPN's ____ UAP's

You may change your information anytime online at www.gasn.org

Please make checks payable to: GASN Mail to: Karen Bell 140 Natures Bounty Tr. St. Marys, GA 31558 Work#: 912-882-4839 Home# 912-510-8150 treasurer@gasn.org	* Active	\$45.00	<input type="checkbox"/>
	*Associate	\$45.00	<input type="checkbox"/>
	Retired	\$45.00	<input type="checkbox"/>
	Student	\$45.00	<input type="checkbox"/>
	Member At Large	\$45.00	<input type="checkbox"/>
	Honorary	-0-	<input type="checkbox"/>

FOR OFFICE USE
 Date Received: _____ Amt. Pd. _____ Received by _____