

RICSNT MEMBERSHIP APPLICATION

August 1, 2007 to July 31, 2008

Name: _____ Home Phone: _____ Cell Phone: _____

Home Address: _____
Street Town Zip

School District: _____

School Name: _____ School Phone: _____

School Address: _____
Street Town Zip

NASN Member? Yes: _____ No: _____ RN License# _____ Certification # _____

Initial application for first time membership will NOT be accepted without photocopies of your **Nurse-Teacher Certificate** and **RN License**.
Student status members must include a copy of your RN license.

e-mail address: _____

Please complete the following:

1. Will there be school nurse teacher positions available in your district for the 2007-2008 school year (sub, part/full time positions)? If so, may we publish the name of the district and position, in the newsletter?
District: _____ Position(s) available: _____
2. Are you available to sub for the 2007-2008 school year? If yes, in which districts? _____

May we publish your name, telephone number and the district(s) where you are willing to sub in our RICSNT newsletter? _____

Membership Dues: please indicate with a check mark: ***ACTIVE***: \$35.00 _____ ***STUDENT***: \$10.00 _____ ***RETIRED***: \$15.00 _____

Please make check payable to: **R.I.C.S.N.T.**

Mail application and payment to: Bernadette McDowell, Membership Chairperson
66 Baywood St
Warwick, RI 02886-2348

Office Use Only

Check # _____

Date: _____

Amt: _____