

**SOUTHWESTERN OHIO SCHOOL NURSES ASSOCIATION
2010 Membership Application**

PLEASE FILL IN ALL REQUESTED INFORMATION

NAME (Please Print Clearly) _____ BSN/MSN Other: _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ - _____

EMPLOYED BY _____ COUNTY OF EMPLOYMENT _____

HOME PHONE (_____) _____ WORK PHONE (_____) _____

CELL NUMBER (_____) _____ E-MAIL ADDRESS _____

(Please * the phone number you want us to include on our One Call System)

(Personal email address preferred since many districts block our emails)

Do you have National Certification (NCSN): YES/NO (circle one)

The following SWOSNA committees interest me:

___ Membership ___ Public Relations ___ fundraising ___ Technology/Website ___ Finance

___ Historian ___ Legislature ___ Nominations/Research ___ Other:

I am willing to be the SWOSNA liaison member for my school district nurses (to assist with the dissemination of information).

I am currently a member of ___ OASN/NASN, ___ ONA/ANA, ___ Other: _____

My interests for upcoming CE programs for members: _____

Membership Classification: (circle one)

Active: Be a registered professional nurse (RN) holding a current and valid license issued by the Ohio Board of Nursing, &

1. I hold a current, valid school nurse license/certificate issued by the Ohio Department of Education (ODE)
(Includes temporary license)

2. Or be a public health nurse contracted from the local health authority to a school district.

3. Or have the administration, education or the provision of school health services as their primary assignment.

Member at Large: Those persons who hold a special interest in or are working with this Association and who are not Eligible for any other membership classification.

Retired: Any school nurse, who is a member of SWOSNA upon retirement, shall be eligible to become a Retired member, upon notification to the Association.

Associate: Associate membership may be granted to any registered professional nurse who is not eligible for active membership but who serves a school as a professional nurse.

Student: Any student of a school of professional nursing not employed as a school nurse. Student membership shall not be granted to a person who has previously attained or been eligible for Active membership status. Student membership status shall not be renewed more than once for a graduate nurse.

2009 - 2010 Membership Dues:

Active/Member at Large/Associate: \$15.00 yearly/ 25.00 for 2 years

Retiree/Student: \$12.00/year or \$20.00/2 years

___ I would like to donate to SWOSNA \$_____. This donation will be used to continue elevating the quality of school nursing and provide leadership for the delivery of quality health programs for all Southwestern Ohio School Children.

MAKE CHECK PAYABLE TO: **SWOSNA: Total enclosed \$** _____

MAIL COMPLETED APPLICATION AND CHECK TO: Judy Ganguly

4048 Margate Dr
Beavercreek, OH 45430

judyganguly@hotmail.com

Make a copy of this form with your check number for your records instead of a membership card

***Please note that your personal information, including email addresses, will not be shared.**