

CAMDEN COUNTY SCHOOL NURSE ASSOCIATION
Membership Application

Name: _____

Home Email: _____

Home or Cell Phone: _____

Home Address: _____

School Name & District: _____

School Email: _____

Highest Level of Education: _____

Are you a certified School Nurse by NJ DOE? _____

Are you a member of NJSNA/NASN? _____

(you can join both at www.nasn.org)

Membership Fee:

Active Member \$25.00 cash/check

Associate Member \$15.00 cash/check

Retired Member \$15.00 cash/check

Student Member \$15.00 cash/check

Make checks payable to: CCSNA

Either bring payment to a CCSNA meeting or mail check and completed form to:

Cindy Zimmerman (Membership Co-Chair) or Denise Mastrosimone (Co-Chair)
110 Greenleigh Court
Merchantville, NJ 08109

Visit our Facebook Group Page: Camden
County School Nurses' Association

Join CCSNA Twitter: @CamdenNurse