

## Membership Application

### Ocean County School Nurse Association

MEMBERSHIP APPLICATION FOR THE SCHOOL YEAR OF \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

School Fax: \_\_\_\_\_

☐ Renewal

☐ New Member

**This is a change Since Last year circle one YES/NO**

**PLEASE CHECK ONE OF THE FOLLOWING:**

**REGULAR MEMBER:** Currently full time certified school nurse or supervisor employed by a public Board of Education  
Ocean County\_\_\$20.00

**ASSOCIATE MEMBER:** Non-Certified school nurse, non-working school nurse enrolled in a certification program, substitute school nurse, school nurse employed by a Board of Education outside Ocean County or by a non-public school\_\_ \$15.00  
(Non-voting member, unable to hold office, position or chair committee)

**RETIRED MEMBER:** \_\_\$15.00

(Non-voting member, unable to hold office, position or chair committee)

**PLEASE SEND THIS COMPLETED FORM AND CHECK TO:**

Lisa Vernon

630 Fountain Drive

Toms River, NJ 08753

[lvernon@trschoools.com](mailto:lvernon@trschoools.com)

I am a member of the National Association of School Nurses \_\_\_\_\_

I am a member of NJ State School Nurses Association \_\_\_\_\_

I am interested in helping on a committee \_\_\_\_\_