

Vermont State School Nurses' Association Membership Application

The VSSNA's mission is to advance professional school nursing practice and to provide leadership in the delivery of quality health services in Vermont school communities. We need every school nurse to participate in our efforts at meeting our goals of advocacy, education, leadership, and communication.



Please join now, supporting our efforts on your behalf.

Date _____ Application Type(check one): New ___ Renewal ___

Name _____ Credentials _____

Mailing Address _____ home ___ work ___

City _____ State _____ Zip _____

Employer _____ Position _____

Phone (H) _____ (W) _____ (ext.) _____

E-Mail (H) _____ (W) _____

_____ \$40 **Active Member** (School Nurse, Associate School Nurse, School Nurse Administrator)

_____ \$40 **Allied Member** (LPN, Health Care Assistant, Health Educator, Student, Other)

_____ \$15 **Retired Member**

Method of Payment

Check enclosed made payable to VSSNA (unable to accept purchase orders)

Charge my credit Card Visa _____ MasterCard _____ Exp. Date _____

Credit Card Number _____

Name as it appears on card _____

Mailing address for card _____

3 Digit Verification Number on back of card _____

Authorizing Signature _____

Mail to: Kathy Gorton, RN, BSN

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