How to Apply for NSNA Membership

nsna.org

NSNA

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Home

With a membership of 60,000 nationwide, the National Student Nurses' Association mentors the professional development of future registered nurses and facilitates their entrance into the profession by providing educational resources, leadership opportunities, and career guidance.

Foundation of the National Student Nurses' Association

The Foundation of the National Student Nurses' Association (FNSNA) was created in 1969 to honor Frances Tompkins, the Association's first Executive Director. Organized exclusively for charitable and educational purposes, the Foundation awards scholarships to qualified nursing students.

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ARE YOU READY FOR THE NCLEX-RN® EXAM?

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PUMP UP YOUR CAREER IN THE PARIS OF THE PLAINS!

34th Annual MidYear Career Planning Conference
November 10-13, 2016
Sheraton Kansas City Hotel at Crown Center
Kansas City, Missouri

9:20 PM
8/21/2016

https://nsnamembership.org

NSNA
National Student Nurses' Association

Welcome to the NSNA OnLine Member Services

Sign Up for New Membership

You can apply on-line for instant membership into NSNA.

Click Here to Sign Up

Renew an Existing Membership

If you wish to renew your membership in NSNA, all you need is your member number and the zip code on your membership record.

Click Here to Renew

Update an Existing Membership

If you wish to update your membership in NSNA, all you need is your member number and the zip code on your membership record.

Click Here to Update

Print Replacement Card

Click here to log in and print out a temporary membership card.

NSNA 34th Annual MidYear Career Planning Conference – Kansas City, MO, November 10-13, 2016.

Register Online until October 25, 2016.

Register If you are a NSNA Member ONLY

If you are a NSNA member, you can login and register for member rates.

Click Here to Register

Other Registrations

You can register here if you are a Sustaining Member, Non-Member Student, Visitor, Faculty Advisor, or State consultant

Click Here to Register

https://nsnamembership.org/Step1Member.aspx?Type=New

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National Student Nurses' Association

Step 1 - Personal Profile

Please provide the following information so that we may complete your membership application.

First Name*: `Student`

Middle Initial: `  `

Last Name*: `LSUHSC`

Gender*: ○ Female   ○ Male

Birth Date: `01/01/2016` (MM/DD/YYYY)

(Birthdate is an optional field which will be used for statistical
purposes and to help the NSNA provide better service and
products.)

Address Line 1*: `1900`

Address Line 2:
(enter Apt. Suite, Unit, Bldg, Floor, etc.) `Gravier`

City*: `NEw Orleans`

State*: `LOUISIANA`

Zip Code*: `70112`

Preferred Phone#: `  `
(10 digit Numbers only-starting with area
code)

Primary Email Address*: `nursesrock@yahoo.com`

Alternate Email: `  ` (provide only if different from Primary email)

[Continue to Step 2] ❷

9:22 PM
8/21/2016

https://nsnamembership.org/Step2Member.aspx?Type=New

Search

Step 2: School Selection

Please select the school that you are attending.

School:

City:

State:

| Return to Step 1 | Continue to Step 3 | ? |

Select Your State: *

LA

If you are enrolled in a Distance Education Program such as *Excelsior College or *University of Phoenix, type in the state where you reside, if not type in the state where you attend school:

Select Your School: *

School	City	
*EXCELSIOR COLLEGE	DISTANCE LEARNER	Select
*KAPLAN UNIVERSITY	DISTANCE LEARNER	Select
*UNIV OF PHOENIX-LA	DISTANCE LEARNER	Select
BATON ROUGE COMM COLLEGE	BATON ROUGE	Select
BATON ROUGE GEN HOSPITAL	BATON ROUGE	Select
BOSSIER PARISH COMM CLG	BOSSIER CITY	Select
CHARITY-DELGADO SCH NSG	NEW ORLEANS	Select
DILLARD UNIVERSITY	NEW ORLEANS	Select
GRAMBLING STATE UNIV	GRAMBLING	Select
LOUISIANA COLLEGE	PINEVILLE	Select
LOUISIANA DELTA COMM CLG	MONROE	Select
LOUISIANA STATE UNIV	EUNICE	Select
LOUISIANA STATE UNIV	ALEXANDRIA	Select
LOUISIANA STATE UNIV HSC	NEW ORLEANS	Select
LOUISIANA TECH UNIV	RUSTON	Select

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Step 3: Education Profile

Please select the school that you are attending.

Program Type:*

○ Associate   ○ RN to BSN

○ Diploma   ○ Master's Degree Pre-licensure

◉ Baccalaureate Pre-Licensure

Expected Graduation Year:*

[2017 ▾]

Graduation Semester:*

[Spring (March-Aug) ▾]

Are you?
(check all that apply)

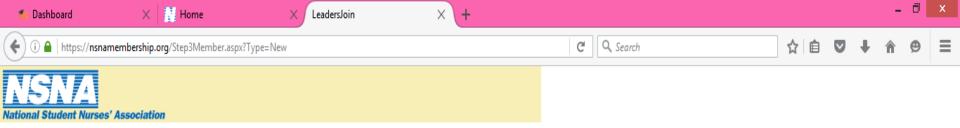☐ Pre-nursing student (taking courses to qualify to enter nursing program)

☐ Licensed Practical/Vocational Nurse

☐ Registered Nurse

☐ Second career student

☐ Attend accelerated pre-licensure program

[Return to Step 2]   [Continue to Step 4]   ❓

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Step 4: School Chapter President

Please check the box below if you are a School Chapter President. NSNA will use this information to periodically send you important information about NSNA activities.

Chapter Level

Skip and Continue to Step 5

School Chapter President: ☐

| Return to Step 3 | Continue to Step 5 | ❓ |

Step 5: Join Details

NSNA Partnership Program:

☐

(Check "Yes" if you would like additional information.)

How did you hear about NSNA?*

◉ Student

○ Dean/Faculty

○ Imprint

○ NSNA Website

Race:

◉ N/A

○ Asian

○ Black or African-American

○ Caucasian

○ Hispanic or Latino

○ American Indian or Alaska Native

○ Native Hawaiian or other Pacific Islander

○ Mixed Race

○ Other

(This is an optional field which will be used for statistical purposes and to help the NSNA provide better service and products. Select N/A if you don't wish to specify.)

Recruiter Number:

[   ]

[Return to Step 4] [Continue to Step 6] ❓

Step 6: Payment

Applicant's Certification

By clicking the "Submit" button below, I certify that I am eligible for and am applying for NSNA membership. I AM CURRENTLY ENROLLED IN NURSING SCHOOL AND HAVE PAID TUITION. I authorize the NSNA to request documentation from the registrar and nursing program to verify my enrollment status. I certify that all statements made in this application are complete and accurate. I understand that:

- falsification in my application will disqualify my application.
- failure to follow all instructions on this application will render my application incomplete.
- INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Membership is non-transferrable.
Membership dues are non-refundable.

Before submitting your credit card payment, please ensure that the billing address information listed below is the one that appears on your credit card statement, the amount due shown is what you expect, and that you have entered a valid credit card type, number, expiration date, and the name that appears on the card. This information is kept in strict confidence, but may be provided to the banking networks to aid them in the event of a fraud investigation. All transactions on this site are secured and encrypted using SSL technology.
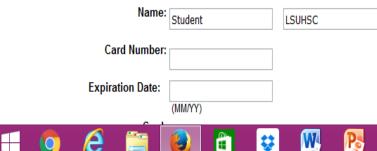
Select your Membership:

○ One Year - $35.00

○ Two Year - $70.00

**Please enter the address as shown on the credit card

Name: | Student | LSUHSC |

Card Number: [_____]

Expiration Date: [_____]
(MM/YY)

Final Step!

- Once payment is processed a confirmation letter will pop up with your **NSNA membership ID.**
- Print this page out for your records
- Then place a copy of the confirmation letter and $5 in an envelope with your **name** on it.
- The $5 is your School Chapter fee that is paid annually.
- Turn envelop into Katelyn Freyou (president), Thomas Gray (treasurer), or Mrs. Bernard (Faculty Advisor) –Office 150 on first floor of nursing building

DEADLINE FOR MEMBERSHIP IS SEPTEMBER 19th