How to Apply for NSNA Membership
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.

NSNA Recommends...

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
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.

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
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)

Address Line 1*: 1900
Address Line 2: Gravier
City*: New Orleans
State*: LOUISIANA
Zip Code*: 70112

Preferred Phone#: 

Primary Email Address*: nursesrock@yahoo.com
Alternate Email: (provide only if different from Primary email)

Continue to Step 2
Step 2: School Selection

Please select the school that you are attending:

School:

City:

State:

Select Your State:

LA

Select Your School:

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<tr>
<th>School</th>
<th>City</th>
<th>Select</th>
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<tbody>
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<td>*EXCELSIOR COLLEGE</td>
<td>DISTANCE LEARNER</td>
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<td>*KAPLAN UNIVERSITY</td>
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<td>*UNIV OF PHOENIX-LA</td>
<td>DISTANCE LEARNER</td>
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<td>BATON ROUGE GEN-HOSPITAL</td>
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<td>BOSSIER PARISH COMM CLG</td>
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<td>DILLARD UNIVERSITY</td>
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<td>GRAMBLING STATE UNIV</td>
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<td>LOUISIANA TECHNICAL</td>
<td>BATON ROUGE</td>
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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:
Step 3: Education Profile

Please select the school that you are attending.

Program Type:
- Associate
- Diploma
- RN to BSN
- 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
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:

[Input field]

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