SCHOOL NURSE ORGANIZATION OF WASHINGTON
MEMBERSHIP APPLICATION FOR 2009 – 2010
(Membership year is from September 1st to August 31st)

Mail to: SNOW Membership, PO Box 912, Jacksonville, Oregon 97530

Please print the following information legibly.

Last Name:_____ First Name: _____

Preferred method of communication: _____ email _____ mailing address

Mailing Address: _____

City: _____State: _____Zip Code: _____

E-mail: _____

(**Please list the email address that you would like communications from SNOW to be delivered**)

Home Phone: (_____)_____Work Phone: (_____) _____

Employer:_____

SNOW Area: _____SNOW Status (circle one): **Active Associate Retired Student**

Membership fees:

- **$55.00 Active: RN working with school children or supervising those who do.**
- **$35.00 Associate: Interested in school nursing but not actively working in the field.**
- **$30.00 Retired: RN no longer working actively in the field.**
- **$20.00 Student: Pursuing a BSN**

Deadline for publication in the Membership Directory is October 30th

If you do NOT wish to share your personal information with carefully screened companies, please notify Membership via E-mail: lynnetteo@hotmail.com

Method of Payment (check one)

☐ Check or Purchase Order Enclosed: Payable to **SNOW**

Check or P.O. # _____ Amount _____

☐ Credit Card #: ○ ○

Expiration Date

Month Year

_____ _____

Print Name: (As it appears on card) **Signature**

Check the website for SNOW news at:
http://www.schoolnurseorganizationofwashington.org