



APHON/NSNA Student Membership Application

Name _____ NSNA Member ID _____

School _____

Address _____

City, State, ZIP _____

Phone _____

Email _____

Degree sought _____

Enclose a copy of your current NSNA membership card with this application

Check (enclosed) CK# _____ Make check payable to APHON

Credit Card Payment Methods (please circle one): **Visa** **Mastercard** **Discover** **American Express**

Account # _____ Expiration Date _____

Cardholder Name (please print) _____

Signature _____

Mail completed application, a copy of your current NSNA membership card, and payment to APHON at 8735 W. Higgins Rd, Ste 300, Chicago, IL 60631. If you are using a credit card, you may fax your application to 847/375.6478.

For Credit Cards only: In the event of miscalculation, I authorize APHON to charge my credit card an amount APHON reasonably deems to be accurate. (If rebilling of a credit card is necessary, a \$25 processing fee will be charged.)

For Checks only: Checks not in U.S. funds will be returned. A charge of \$25 will apply to checks returned for insufficient funds.