



**National Surgical Assistant Association**  
**2615 Amesbury Road**  
**Winston Salem, NC 27103**

**Toll Free: 888-633-0479 \* Phone: 336-768-4443 \* Fax: 336-464-2974**  
**nsaa@namgmt.com \* www.nsaa.net**

## **Application for Membership**

PLEASE CHECK ONE:

\_\_\_\_\_ Student (\$25 annually) - must be enrolled in NSAA Approved SA Program

\_\_\_\_\_ Associate (\$150 annually - prorated first year) - NON-Certified

\_\_\_\_\_ Certified Member (\$300 annually - prorated first year)

PLEASE PRINT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Fax \_\_\_\_\_ If Certified - Certification Number \_\_\_\_\_

Ethnicity (optional) \_\_\_\_\_

CURRENT EMPLOYER

Employer/Company Name \_\_\_\_\_

Employer/Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Education and Training:**

Name of Program \_\_\_\_\_

Location of Program \_\_\_\_\_

Dates attended From \_\_\_\_\_ to \_\_\_\_\_

Degree/Certificate Awarded \_\_\_\_\_

Name of Program \_\_\_\_\_

Location of Program \_\_\_\_\_

Dates attended From \_\_\_\_\_ to \_\_\_\_\_

Degree/Certificate Awarded \_\_\_\_\_

\_\_\_\_ Enclosed is my check in the amount of \$ \_\_\_\_\_

\_\_\_\_ Please charge my credit card in the amount of \$ \_\_\_\_\_

Name as it appears on Credit Card  
\_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**For Office Use Only**

**Date Received** \_\_\_\_\_

**Check #/CC Approval** \_\_\_\_\_

**Dues Paid Amount** \_\_\_\_\_

**Please note—first year dues are prorated so that after your first year dues will ALWAYS be due on January 1. Example of first year's dues:**

**Jan-March—Full Payment**  
**April—June—3/4 Payment**  
**July—Sept—1/2 Payment**  
**Sept—Dec—1/4 Payment**