



National Student Nurses' Association

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Attention State Presidents

Important Information on How to Obtain State Membership Data

Please read carefully. The attached form must be completed and submitted annually and/or when a new board of directors takes state office. You must attach the current state board roster when submitting the form. Please refer to the NSNA Member Privacy Policy for more details.

Definitions

Current Official Roster: All state associations are required to provide NSNA with a current roster of the state board of directors as per NSNA policy. Current rosters are for the current academic year. For example, a current roster for boards elected in November 2008 is 2008-2009; a current roster for a board elected in February 2009 is 2009-2010. A current state board roster must be on file prior to releasing **Reports** and/or **E-Files** to authorized state representatives.

Reports: These are **Reports** that can be printed out. They are available only in secure PDF format. They cannot be used to make labels or lists unless the data is reentered by the recipient.

E-File: This is a downloadable Excel file **that contains name, mailing address and e-mail addresses**, and may be rented by state associations (\$24/1000 records).

State Membership Data Request Form: This is a form that must be completed, signed and submitted by the state president when the state association wishes to receive **Reports** and **E-Files**. The name of the individual completing and signing the form must appear on the current state board of directors' official roster. If the state president is not the person completing the State Membership Data Request Form, the state president must co-sign the form. **This form must be completed annually.**

Third Party: A third party is any individual or entity other than the entity that requested **Reports** or rented **E-Files**. Third parties are not limited to the following examples: school chapters, other state student nurses associations, members, individuals, vendors, hospital recruiters, on-line recruiters, advertisers, web-site management firms/partners, publishers, NCLEX companies, etc.). NSNA constituents may not distribute membership lists, **Reports**, **E-Files** or membership information to third parties. NSNA constituents are authorized only to use NSNA member **information** to communicate with their respective members. Requests for state **Reports** and/or **E-Files** must be made by a current member of the board of directors of the respective state constituent. Refer to NSNA's Privacy Policies for more information.

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The following policies and procedures shall apply to
state membership **Reports and E-Files**:

1. The attached State Membership Data Request Form must be completed and sent to NSNA annually.
2. NSNA includes a comprehensive printout of member information with all state dues reimbursement checks on a monthly basis at no charge.
3. State associations may rent a list containing member name, mailing address and e-mail address (for members who opt-in to releasing their e-mail address to their respective state association) in Excel format. The rental fee is \$24/1000 records.
4. Membership data (name, mailing address, phone number, e-mail address) must not be released to any third parties. The data shall be used solely by the official state association requesting the membership data records in their respective state association.
5. State associations wishing to obtain an up-to-date membership **Report** for state association members may request this service from W. L. Arehart. One PDF Report is available upon request every 30 days.
6. It is important that the entire state association Board of Directors understands NSNA's Member Privacy Policy and this agreement. By signing the State Membership Data Request Form, the State Board agrees to the terms of the agreement. The president and other representative signing this form are agents of the Board of Directors.
7. Please note that NSNA provides monthly broadcast e-mail service to state associations for \$99 per year. Contact nsna@nsna.org for information.

Fees for Reports and Files (All fees are subject to change by W. L. Arehart Computer Systems)
Reports: Arehart will provide state associations with one PDF **Report** during a 30-day period. Additional reports may be purchased at \$24/1000 records.

E-Files: There is a fee charged for File transfer (Excel format) provided by W. L. Arehart Computer Systems. The fee is \$24 per 1000 records. Payment is made by check or money order directly to W. L. Arehart Computer Systems, Box 770, Wilmington, OH 45177. Invoicing, credit card payments, and purchase orders are not accepted. All requests to rent **E-Files** must be accompanied by check or money order. Please plan accordingly.

Hard copy labels; mailing lists to produce labels or to imprint addresses via ink jet or laser application of mailing labels to newsletters and envelopes (available via electronic **File** transfer), are available from W. L. Arehart for \$24/1000 records.

Important: Payment must be received prior to release of lists. It may take up to five business days to process your request. **Reports** and **Files** are not available during the week between Christmas and New Years. Please plan your requests accordingly.

For additional information, see the NSNA Member Privacy Policy.
Approved by the NSNA Board of Directors on April 3, 2006; amended March 2008.

National Student Nurses Association

State Membership Data Request Form and Agreement

The _____ hereby requests that NSNA include state membership data, including e-mail addresses, as follows: in monthly **Reports** that are enclosed with monthly state dues reimbursement checks; in PDF **Reports** obtained from Arehart Computer Systems by the respective state association; with rental of the **E-Files** from Arehart Computer Systems. By completing and submitting this agreement, the official NSNA state constituent association agrees to use the membership data only to communicate state association business to state members. The state association also agrees that the membership data will not be released to any third parties and that the data will be used solely by the official state association.

When the state member's e-mail address is used in a broadcast e-mail, we understand that NSNA urges state associations to purchase software specifically designed for broadcast e-mail purposes. Additionally, to prevent the inadvertent release of the addresses to third parties, we agree to place e-mail addresses in the **blind cc** section of an e-mail or to use other effective means to prevent the disclosure of e-mail addresses when messages are sent out.

We understand that all state broadcast e-mail communication to members shall include an "unsubscribe" notice that includes the state e-mail address for the member to use to notify the state association that they wish to unsubscribe.

We understand and acknowledge that NSNA reserves the right to monitor the use of membership data released to state associations; if NSNA finds that a state association has released member data to any third party, NSNA will discontinue releasing membership data to the state association until the NSNA Board of Directors reviews the violation. We further understand and agree that NSNA, in its sole discretion, may accept or reject any request by a state association for state member data. (This does not apply to printouts that accompany monthly state dues reimbursement checks.)

By completing this form, we acknowledge NSNA's formal policy regarding release of state member data and agree to abide by its terms. We understand that this form must be completed and submitted annually and/or when a new board of directors takes state office and that a current state board of directors' roster must be attached to this form.

Acceptance: I have been authorized by _____ state association Board of Directors to request membership data including member e-mail addresses in Reports and E-Files as described above. I have read and agree, on behalf of my state association, to abide by this agreement. I have attached a current state board roster.

Name of state association: _____

Your name (please print): _____

Complete mailing address: _____

e-mail address _____

Membership number _____ Exp. date _____ When does your term of office end? _____
mm/yy mm/yy

Your official title in the state association: _____

Signature: _____ Date _____

This form must be co-signed by the state president: Print Name _____

State President Signature: _____ Date _____

Mail to NSNA, 45 Main Street, Suite 606, Brooklyn, NY 11201 or Fax to Robert Ocran, NSNA Controller, at (718) 797-1186. If you have questions, call (718) 210-0705