

MEMBERSHIP APPLICATION STUDENT NURSES ASSOCIATION \$45/YEAR

APPLICANT INFORMATION

First Name:		Last Name:											
CWID:	Phone:	Email:	@leomail.tamuc.edu										
Mailing address:													
City:	State:	ZIP Code:											
What strengths can you offer the Student Nursing Association (Circle all that apply) <table style="width: 100%; text-align: center; margin-top: 10px;"> <tr> <td>Community Health</td> <td>Fundraising</td> <td>Event Planning</td> <td>Mentor</td> <td>Promotions</td> </tr> <tr> <td>Newsletter Contributor</td> <td>Nurse Recruitment</td> <td>Website Contributor</td> <td colspan="2">Networking</td> </tr> </table>				Community Health	Fundraising	Event Planning	Mentor	Promotions	Newsletter Contributor	Nurse Recruitment	Website Contributor	Networking	
Community Health	Fundraising	Event Planning	Mentor	Promotions									
Newsletter Contributor	Nurse Recruitment	Website Contributor	Networking										

STATISTICAL INFORMATION

(This information will not be used to decide eligibility for membership. Only for statistical purposes and better offering of benefits and services).

Gender:	Date of Birth:	Race:				
Major:	Minor:	Estimated Graduation Year:				
Classification:	Freshman	Sophomore	Junior	Senior	Graduate Student	2 nd Degree Seeker

REFERENCES

Any other experiences in employment, volunteer work or school activities that you think would be relevant to membership in the Student Nursing Association?

SIGNATURE

I authorize the verification of the information provided on this form.

Signature of applicant:	Date:
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Dues Receipt

Name: _____ Date: _____

Amount Paid: _____ Method of Payment: _____

SNA Board Member: _____