

# Student Nurses' Association (SNA)

## Local Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please check the appropriate box:

Level in nursing:  Pre-nursing  level 1  Level 2  Level 3  level 4

Local chapter membership dues \$5.00 per semester:

Requesting membership for:  Fall  Spring  Fall & Spring

amount paid \_\_\_\_\_

Method of payment: Check  Cash

New membership:  Membership renewal:

Please complete and deliver to an SNA advisor (with payment) or mail to UNA Box number 5280. If you have any questions contact the College of Nursing at 256-765-4580.