Clayton State University – Student Nurses Association

Membership Application

**Applicant Information**

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

CSU email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ex: jdoe1@student.clayton.edu)

Laker ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_

month year

Are you an NSNA member? Yes No NSNA#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Desired membership: One Year ($20) Two Years ($35)

**Method of Payment (circle one)**

Cash Check (Check #\_\_\_\_\_\_\_\_\_\_\_)

**Applicant’s Certification**

I am eligible for and am applying for Clayton State University’s Student Nurses Association. I AM CURRENTLY ENROLLED OR SEEKING ENROLLMENT IN A NURSING PROGRAM AND HAVE PAID TUITION. I certify that all statements made in this application are complete and accurate.

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| Signature: |  | Date: |  |