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.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |   | Date: |  |