

Office Use
Paid: _____
Initials: _____
Cash / Check

Student Nurse Association
SIUE Chapter
Membership Application
snasiue@gmail.com

Name: _____ Graduation year: _____

Mailing Address: _____

Phone Number: () _____ E-mail address: _____

T-shirt size: _____ Date: _____

Make check payable to SNA SIUE

If check is returned there will be a \$25.00 returned check fee added