

Office Use:
Paid:_____
Initials:_____
Cash/Check

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

Name:_____ Graduation year:_____

Mailing Address: _____

Phone Number:_(____)_____ Email Address:_____

Areas of Interest:

What do you want to achieve in this organization:

What can you contribute to this organization (skills, talents, ideas, etc):

Officer positions that you are interested in:

Committee positions that you are interested in:

Signature:_____ Date:_____

*If check is returned, you will be held responsible for the \$25.00 returned check fee