



Membership Application for CSU Stanislaus Student Nurses' Association

Please fill out completely and legibly.

APPLICANT INFORMATION

Last Name:	First Name:	CSUS Student ID#:
Date of Birth:	CSUS Email:	Primary Phone #:

Mailing Address:

City:	State:	Zip Code:
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MEMBERSHIP

Select a membership type:

- RN-BSN: \$15 one time
- ASBSN: \$15 one time
- FNP: \$15 one time

SIGNATURES

I authorize the verification of the information provided on this form is correct to the best of my knowledge.

Signature of Applicant:

Date:

INTERNAL USE ONLY

Date Received/Initials: _____

Date Dues to Treasurer/Initials: _____

- Added to WarriorLife
- Added to Excel

Paid Via:

- Cash
- WarriorLife

NO CHECKS. Dues are non-refundable. Receipts will be provided.

Questions? Please contact CSUS SNA Membership Chair via email: csustansnamembership@outlook.com

There are two ways to submit the completed application:

1. Email to CSUS SNA Membership Chair: csustansnamembership@outlook.com
2. In person to room 206D in the Science Building on the Turlock campus