



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:
-------	--------	-----------

MEMBERSHIP

Select a membership type:

- Semesters 1-3: \$30 one time
- Semesters 4-6: \$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:

- Check #:
- Cash

Please make checks payable to "SNA at CSUS". 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 229D in the Science Building