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**Student Nurses’ Association (SNA)**

**Local Application**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_@una.edu

**Check your current Nursing Program Level:**

Pre-nursing

Level 1

Level 2

Level 3

Level 4

***Local chapter membership dues are $10 per academic year***

Amount paid\_\_\_\_\_\_\_\_\_

Method of payment: Check \_\_\_ Cash \_\_\_

**Membership Type:**

New membership

Membership renewal

**Please complete and deliver to an SNA Faculty Advisor or SNA Student Officer (with payment)**

**If you have any questions contact the**

***Anderson College of Nursing and Health Professions***

**at 256-765-4580**