



# UNIVERSITY OF SOUTH ALABAMA

## Student Nurses' Association **Application for Membership**

Date: \_\_\_\_\_ Campus: Traditional Accelerated  
Expected Graduation Date: Spring Summer Fall Year: \_\_\_\_\_  
Name: (Mr. / Ms. / Mrs.) \_\_\_\_\_ Jag No: J00 \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_@jagmail.southalabama.edu

The Student Nurses' Association does not discriminate on the basis of race, gender, sexual orientation, or religious affiliation. Signing the application permits the SNA to contact you as necessary to carry out the organization's mission. Changes to information contained hereon should be addressed to the SNA Secretary.

Check or money order in the amount of \$20.00 should accompany this application.

SNA Membership term is for five (5) semesters enrolled in the University of South Alabama's Nursing School.

Return form to SNA Officer or Faculty Advisor.

*Official Use Only:*

Amt/Method Pd: \_\_\_\_\_

Collected by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_