

Indiana State University Nursing Program
Student Nurses Association Membership Application



Today's Date: _____

Name (PLEASE PRINT): _____

Local Address: _____

Local phone:(_____)_____

Cell phone:(_____)_____

ISU email address: _____

Year in program (i.e. first semester
sophomore): _____

Days and times available for
meetings: _____

Are you interested in being a class representative or SNA officer? _____

***Please turn in the application and \$10 membership fee to the Student
Affairs Office, room 328 in the College of Nursing.***