

Indiana State University Nursing Program
Student Nurses Association Membership Application



Today's Date: _____

Name (PLEASE PRINT): _____

Student ID #: 991 - ____ - ____

Local Address: _____

Local phone:(____) _____

Cell phone:(____) _____

ISU email address or your most used
email: _____

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 Nursing Building.***