



**MEMBERSHIP APPLICATION FOR CSUS, STANISLAUS  
STUDENT NURSES' ASSOCIATION**

Please fill out completely and legibly.

**APPLICANT INFORMATION**

Last Name:	First Name:	CSUS Student ID#:
Date of Birth:	Graduating Term: Spring <input type="checkbox"/> Fall <input type="checkbox"/> 20_____	Primary Phone #:
CSUSTAN E-mail:	RN to BSN <input type="checkbox"/> 20_____	Secondary Phone #:
Mailing Address:		
City:	State:	Zip Code:

**MEMBERSHIP**

*Membership Dues:*

First Semester price: \$50 (3 years)

Second Semester price: \$45 (2.5 years)

Third Semester Price: \$40 (2 years)

Fourth Semester Price: \$35 (1.5 years)

Fifth Semester Price: \$20 (1 year)

Single membership Price: \$20 (1 year)

Pre-Nursing Price: \$10 per year

**Total \$ \_\_\_\_\_**

**SIGNATURES**

I authorize the verification of the information provided on this form is correct to the best of my knowledge.

Signature of applicant:	Date:
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**INTERNAL USE ONLY**

Date Received/Initials: \_\_\_\_\_ Date Dues to Treasurer/Initials: \_\_\_\_\_

Added to email  Added to excel

*Paid via:*

Check #: \_\_\_\_\_ OR  Cash

*Please make checks payable to "SNA at CSUS" Dues are non-refundable-Receipts will be provided*

Questions: Please contact Shang Yang , CSUS SNA Membership Chair via email: syang30@csustan.edu

Application accepted March 1st (Spring) or October 1st (Fall). May be submitted to Rm 229D in the Science Building