

| UCF Student Nurse Association Membership Application |
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| Applicant Information |
| Name (First, MI, Last): |
| Date of birth: | ☐ Male ☐ Female | Phone: |
| Mailing address: |
|  |
| City: | State: | ZIP Code: |
| Email address |
| School Information |
| School you are attending: **UCF-Orlando** |
| Program Type: **Baccalaureate Pre-licensure** |
| Graduation Year: | Graduation Semester: |
| Membership Type \* |
| ☐ One year (NSNA $35.00 plus $10.00 local chapter dues) 45.00\*\* |
| ☐ Two year (NSNA $70.00 plus $20.00 local chapter dues) 90.00\*\* |
| ☐ Renewal (NSNA $40.00 plus $10.00 local chapter dues) 50.00\*\* NSNA Membership ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Additional Information (Optional) |
| Race: |
| ☐ Asian | ☐ American Indian or Alaska Native |
| ☐ Black or African American | ☐ Native Hawaiian or Pacific Islander |
| ☐ Caucasian | ☐ Mixed Race |
| ☐ Hispanic or Latino | ☐ Other |

\*Checks should be made payable to UCF Student Nurse Association (UCF SNA).

**UCF SNA: JOIN!!!**