

| 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!!!**