



The University of Akron

College of Health Professions

School of Nursing

Student Nurse Association

Membership Application Form

Name: _____

Address: _____

Phone number: _____

E-mail: _____

Please check the box that applies:

☐ Freshman

☐ Admitted to SON

☐ Sophomore

☐ Intention to major in Nursing

☐ Junior

☐ Senior

☐ New \$10/academic year

☐ Renewal \$5/academic year

☐ Waived: membership number for National Student Nurse Association

NSNA # _____

Please leave membership dues and application in the Office of Student Success. Upon receiving your membership card (which is also your receipt of payment), you will have voting privileges within the SNA. A copy of the Bylaws is available on the Web Site for the SNA.

Welcome!!

SNA only:

Date received: _____

Payment: ☐ cash \$ _____ ☐ check # _____ ☐ money order # _____

(Treasure) signature: _____ date: _____

Date card issued: _____