

University of South Carolina-Beaufort
Student Nurses' Association Membership Application

Please complete the National Student Nurses' Association registration online at www.nсна.org
For questions visit www.uscbsna.com or e-mail: info@uscbsna.com

Name (first, last): _____

USCB e-mail: _____

Major: ___ Nursing ___ Pre-nursing* ___ Other (please specify)* _____

Anticipated Graduation Date: ___ Spring ___ Fall _____ [year]

NSNA Membership Number: _____

Approximate Date of NSNA Registration: _____

Interests include [check all that apply]:

___ Event Planning ___ Event Day Volunteer

___ Fundraising ___ Community Projects

___ Other [please specify] _____

Do you have any unique skills or talents (graphic design, performing arts, etc.) you would be willing to offer to strengthen our organization? _____

Is there any specific event, service, event you would like to see the SNA provide to maximize your experience? _____

**Please note, membership to the USCB SNA does not impact nor guarantee admission into the USCB Nursing Program.*

Below portion to be completed by SNA Board Member:

Date collected: _____

Fees paid to follow SNA Board Member: _____

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RECIPT for Collected \$10 USCB SNA Fee

Date collected: _____

Student name: _____

Fees collected by: _____

[print]

[signature]

Please be sure to visit us online at www.uscbsna.com and www.facebook.com/uscbsna

THANK YOU FOR JOINING THE STUDENT NURSES' ASSOCIATION!