

Clayton State University

2000 CLAYTON STATE BLVD., MORROW, GEORGIA 30260

2009-2010 Membership Application

Please Complete All Information – Do Not Staple or Tape Payment to Application

Applicant's Certification: I am eligible for and am applying for NSNA, GANS, and Clayton State University SNA membership. **I AM CURRENTLY ENROLLED OR SEEKING ENROLLEMENT IN A NURSING PROGRAM AND HAVE PAID TUITION.** I certify that all statements made in this application are complete and accurate. I understand that:

- o Falsification in my application will disqualify my application.
- o Failure to follow instructions on this application will render my application incomplete
- o **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

SIGNATURE _____ DATE _____

Dues Option NEW MEMBER TWO YEAR MEMBER RENEWAL-NSNA MEMBER # _____

2009-2010 CSU SNA DUES

- o **NSNA/GANS:** New Members \$30.00 Renewals \$40.00 Two Year Member \$70.00
- o **CSU:** New Members \$12.00 Renewals \$12.00 Two Year Member \$24.00

This Information Is Very Important!

Student Information

FIRST NAME	LAST NAME

MAILING ADDRESS (DO NOT ABBREVIATE)	

CITY	STATE	ZIP

PHONE () _____ e-mail _____
Clayton State University Email Only. Format is as follows: xxxxx@student.clayton.edu

GRADUATION DATE (Month) _____ (Year) _____ GENDER: M F ARE YOU PRESENTLY AN RN? YES NO

School Information

FULL NAME OF SCHOOL (DO NOT ABBREVIATE)

CAMPUS & LOCATION

SCHOOL CITY/STATE

TYPE OF PROGRAM (CHECK ONE) BSN PRE-NURSING OTHER

AMOUNT DUE \$ _____
METHOD OF PAYMENT CHECK (No. _____) CASH MONEY ORDER

Signature _____ Print Name _____