**FAU STUDENT NURSES ASSOCIATION APPLICATION**

When you join the Student Nurses Association at FAU, you also become a member of the Florida Nursing Student Association AND the National Student Nurses Association.

Please complete this form and attach $50 for one year or $100 for two years membership (cash or check) OR Venmo (Rhonda-Goodman-1) OR use the credit card information below. Return this to Dr. Goodman in room 325 on the third floor of the nursing building. You may slide it under my door if I am not there. Please do not register online or we will not know of your membership.

New or Renewal (circle one) One year or Two years (circle one)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAU email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-FAU email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender M F (circle one)

Expected Month and Year of Graduation \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct Admit or Accelerated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Boca or Davie \_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date (Month, Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3 digit security number \_\_\_\_\_

Billing address with zip code \_\_\_\_\_\_\_