



Student Nurse Association

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Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone:(_____) _____ E-Mail Address: _____

Can we contact you by Facebook or Twitter? If so, please list your username/email.

Facebook _____

Twitter _____

High School Attended: _____ Date of Graduation _____

Major Field of Study at Schoolcraft College: _____

Credit Hours Completed: _____ Credit Hours Presently Enrolled: _____

Anticipated time remaining at Schoolcraft College? _____

What activities would you be interested in?

Best day and time for you to attend meetings:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

Are you currently employed? Yes No

Are you currently involved in any other extracurricular activities? Yes No

If yes, please specify: _____

Signature: _____ Date: _____

Please return completed application to the Student Activities Office, located in the Lower Waterman Campus Center. It is the policy of Schoolcraft College that no person shall, on the basis of race, color, national origin, gender, age, marital status, creed or handicap be excluded from participating in, be denied benefits of, or be subjected to discrimination during any program or activity or in employment.