**\*\*\*Please send the completed application to ucfsnaorltreasurer@gmail.com\*\*\***

**Applicant Information**

Name (First, MI, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender (circle): Male Female

Date of Birth (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Information**

Program Type (circle): Basic BSN Accelerated Pre-Nursing

Graduation Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership Type (check one)**

One-Year Membership $47.00 ($37.00 NSNA + $10.00 local chapter dues)

Two-Year Membership $90.00 ($70.00 NSNA + $20.00 local chapter dues)

Renewal $50.00 ($40.00 NSNA + $10.00 local chapter dues)

Accelerated Program Option $57.00 ($37.00 NSNA + $20.00 local chapter dues, covers full length of accelerated program)

**Additional Information (Optional)**

Race (circle):

|  |  |  |  |
| --- | --- | --- | --- |
| Asian | Black or African American | Caucasian | Hispanic or Latino |
| American Indian or Alaska Native | Native Hawaiian or Pacific Islander | Mixed Race | Other |