# Membership Application

**Last Name**   **First Name**           **Middle**

**Current Mailing Address**

**City**      **State**            **Zip Code**

**Permanent Phone Number**     **Cell Phone Number**

**W Number**                    **Email Address**

**Currently Enrolled Courses**

- [ ] Hammond Campus Student
- [ ] Baton Rouge Campus Student
- [ ] Alternate Track Student

**Signature**           **Date**

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**Annual Dues are $5.00**

Please make checks payable to “SLUSNA”

Completed forms with dues payment should be placed in an envelope and returned to Mrs. Hart’s office in Rm. 221 at the Baton Rouge campus. Please slide envelope marked SNA under door. You may also bring your application and payment to any SNA meeting. Thank you for being a part of SLUSNA!

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**Payment Information:**

- [ ] Cash
- [ ] Check/Money Order
- [ ] Paid
- [ ] Not Paid

**Date**

**Membership Starts:**

- [ ] Spring Semester of _____
- [ ] Fall Semester of _____

rev. 01/09