

University of Portland Student Nurses Association

Full Name _____

Mailing Address _____

Phone # _____ Email _____

Graduation Year _____ Student ID _____

What UPSNA activities interest you? What events would you like UPSNA to sponsor?

What events are you interested in helping out with?

MEMBERSHIP DUES:

Choose either a 1-year or 2-year membership. Your membership fee must accompany your application. Make check payable to **UPSNA**.

Membership is free for freshman year.

- 1 Year Membership: **\$30.00**
- 2 Year Membership: **\$50.00**

Deliver: **UPSNA, Buckley Center 301**

Or mail to: **UPSNA, BC 301**

University of Portland

5000 N. Willamette Blvd., Portland, OR 97203-5798

Please allow 2 weeks to receive confirmation of your membership.
UPSNA does not discriminate on any basis. We welcome and encourage all students in the UP community with an interest in nursing to join us.
Follow **University of Portland Student Nurses Association** on Facebook!

For chapter use only:

Date received _____ Payment _____

Membership Begins _____ Expires _____