



Orvis Student Nurses Association (OSNA) Application

Name:

Address:

State/Province:

Zip/Postal Code:

NSHE Number:

Phone:

Email:

Nursing Student Level in Program

Pre-Nursing Student?

Semester

Please print and enclose the application and the membership dues in an envelope labeled "Attention Treasurer" and drop off in the OSNA mailbox in the main office.