# LSC-MONTGOMERY



# STUDENT NURSE ORGANIZATION

|  |
| --- |
| CONTACT INFORMATION-PLEASE PRINT |
|  |
| Name |  |
| STUDENT ID# (must have this!) |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Cell Phone |  |
| E-Mail Address |  |
| Emergency contact name and phone number |  |

|  |
| --- |
| CURRENT ENROLLMENT |
| HOW ARE YOU CURRENTLY ENROLLED? |
|  |
| ADN 1ST YEAR | VN STUDENT |
| ADN 2nd YEAR | PHARMACOLOGY |
| \_\_\_ OTHER \_\_\_\_\_\_\_\_\_\_\_ |  |

|  |
| --- |
| T-SHIRT SIZE |
|  |
| \_\_\_\_Small\_\_\_\_Medium\_\_\_\_Large\_\_\_\_ XL\_\_\_\_XXL |
|  |
| Agreement and Signature |
| **By submitting this application, I affirm that the facts set forth in it are true and complete. I UNDERSTAND THAT TO BE CONSIDERED AN ACTIVE MEMBER OF THE SNO, I MUST ATTEND AT LEAST ONE MEETING AND ONE VOLUNTEER ACTIVITY PER SEMESTER.** |
|  |
| Name (printed)/Date |  |
| Signature |  |
| Semester |  |

**Please make all checks out to “Lone Star-Montgomery”**

**and include Student ID Number. Forms and dues can be dropped off in Suite B120**