



# EISNA

Emory International Student Nursing Association

## MEMBERSHIP FORM 2007-2008

**Full Name:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

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

**Current Nursing Program: BSN-junior** \_\_\_\_\_ **BSN-senior** \_\_\_\_\_

**Segue Student (area of focus)** \_\_\_\_\_

**Graduate Student (Area of focus)** \_\_\_\_\_

**What countries or cultures are you interested in working with?** \_\_\_\_\_

\_\_\_\_\_

**What other languages do you speak?** \_\_\_\_\_

**Are there any projects, organizations, or events you would like to be involved in?**

**Comments/Ideas:**

*Please place this form in Karen Hansen's mailbox.*

*Note: EISNA is open all nursing students. There is no fee for membership. EISNA activities are not limited to members, but active members may have special selection for certain activities and scholarships.*