

STUDENT PROFILE:
(Required with Student Application)

School Name: _____
Program Name: _____
 RN Student
Anticipated Graduation Year _____
 LPN/LVN Student
Anticipated Graduation Year _____
 Other (*specify*): _____

HIGHEST DEGREE EARNED:

Doctorate (*Nursing*)
(specify): _____
 Doctorate (*non-Nursing*)
(specify): _____
 Masters (*Nursing*)
(specify): _____
 Masters (*non-Nursing*)
(specify): _____
 Baccalaureate
 Associate
 Diploma
 Voc-Tech

RACIAL / ETHNIC BACKGROUND:

Hispanic / Latino / Latina
 African American
 White
 Asian American
 Native American
 Other

Only FULL MEMBERSHIP or
RETIRED MEMBERSHIP of HISPANIC,
LATINO, or LATINA Heritage have voting rights.

ADDITIONAL CHAPTER

If you wish to add an additional chapter, please
note chapter name: _____

STUDENTS add \$10 (to Membership Fees)
ALL OTHERS add \$25 (to Membership Fees)

No