

CNSA Honor Cord Application

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| Name: | | Graduation Date: | |
| Mailing Address: | | | |
| Telephone #: | | Email Address: | |
| Membership #: | | Date Submitted: | |

Membership History

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| Pre-Nursing: <input type="checkbox"/> Yes <input type="checkbox"/> No First Semester: <input type="checkbox"/> Yes <input type="checkbox"/> No Second Semester: <input type="checkbox"/> Yes <input type="checkbox"/> No Third Semester: <input type="checkbox"/> Yes <input type="checkbox"/> No | Fourth Semester: <input type="checkbox"/> Yes <input type="checkbox"/> No Fifth Semester: <input type="checkbox"/> Yes <input type="checkbox"/> No Sixth Semester: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
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Offices Held

Please list any offices held at the following levels:

Chapter: _____

State: _____

National: _____

Requesting Officers' Honor Cord: Yes No

Committees

Please list any Committees or Task Forces on which you have served:

Meetings & Participation

Please list any meetings attended, try to include dates whenever possible:

Please list any CNSA or NSNA activities you have attended, including conventions, conferences, and community health projects, BTN events, etc:

Please note that all information submitted is subject to verification. Honor Cords are awarded in accordance with the current CSU, Sacramento Chapter's Bylaws.

Adopted 12/2004