

# University of Iowa Nursing Multicultural Nursing Association (MNA) Membership Form

**Student Organization Address:**  
Attn: MNA  
University of Iowa College of Nursing  
50 Newton Rd., Iowa City, Iowa 52242

**OR**

**UI Campus Address:**  
MNA-College of Nursing  
Rm. 131 CNB

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

First Name

Last Name

Middle Initial

**UI Email:** \_\_\_\_\_

**Campus Address:** \_\_\_\_\_

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**Phone:** \_\_\_\_\_ **Anticipated Graduation Date:** \_\_\_\_\_

**Nursing Classification:**

- Nursing Interest/Pre-Nursing**
- BSN**
- MSN**
- DNP**
- PhD**
- RN** (Share work location here: \_\_\_\_\_)
- Other** (Explain here: \_\_\_\_\_)

**Are you interested in serving as an MNA Executive Officer:**      **Yes**      **No**      **Maybe**

**Submit completed form to: [valerie-garr@uiowa.edu](mailto:valerie-garr@uiowa.edu) Thank You!**

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If you require accommodations to participate in MNA activities, please contact: [valerie-garr@uiowa.edu](mailto:valerie-garr@uiowa.edu) or 319335-6548.