



Northern Marianas College

Nursing Department

Nursing Club

P.O. Box 501250 Saipan, MP 96950

Website: www.marianas.edu

NURSING CLUB APPLICATION

Name: _____ Semester: _____

Major: _____ Year Level (Freshman, etc.) _____

Email: _____ Contact Number: _____

Tell us about yourself:

1. Why did you decide to join the Nursing Club?

2. What do you expect to learn/experience/achieve by joining this club?

Please submit this application to the Nursing Department or email the completed application to the Nursing Club President or the Department's Administrative Assistant (andrew.mendiola@marianas.edu).