

## S.N.A.P. Registration Form

NAME: \_\_\_\_\_ GRADUATING CLASS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_

DUES PAID: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Dues are \$5.00 per semester payable per year at \$10.00. CASH ONLY. (Discount Rate of \$18.00 for all four semesters paid in advance)

### PHOTO CONSENT FORM

I, \_\_\_\_\_, grant permission to the Palomar College Nursing Program for the use of photograph(s) or electronic media images in any presentation, or Palomar Nursing and Student Nurses Association at Palomar (SNAP), webpage. I understand that I may revoke this authorization at any time by notifying the Nursing Department in writing. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and until such time they will be destroyed or archived.

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_