



Multicultural Nursing Association (MNA)

50 Newton Road, 131 CNB
Iowa City, IA 52242

Member Information

Name _____

Last name

First name

MI

Race/Ethnicity (optional) _____

Address _____

Phone _____ **Email** _____

Nursing Classification

- Nursing Interest/Pre-nursing
- BSN nursing student
- MSN nursing student
- DNP or PhD nursing student
- RN, UIHC or Mercy; Other, Area of Practice _____

Date _____

Semester

Year

Are you an MNA Officer or Cohort Liaison? _____