**MEMBERSHIP APPLICATION FORM**

Category of Membership (Circle One): New Renewal

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

First Middle Initial Last

Date of Birth: \_\_/\_\_/\_\_\_\_\_ Student Id #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ G.P.A.: \_\_\_\_\_\_\_\_

Class Level: \_\_\_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_/\_ Semester \_\_ Year \_\_\_\_

Major/Concentration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent/Mailing Address: Home Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( \_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( \_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate how you learned about ABC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you interested in becoming actively involved? **(Please circle one below)**

* Yes, I would like to become actively involved, and have time to devote.
* Yes, I would like to become actively involved, but have limited time to devote.
* No, I do not wish to be actively involved, but do wish to take advantage of ABC membership benefits.

If you would like to be actively involved and have time to devote, would you like to hold a position? (Please circle one) Yes No

If you answered yes, what position are you interested in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle your shirt size: small medium large extra-large 2xl\* 3xl\* ***\*2xl & 3xl please add $3 to your membership fee***

To become a member, please **fill out this application completely** and submit it with your **membership fee** and **current resume** to any ABC Executive Officer or mail to:

I would like to become a member of the Organization name (ABC) and have filled out this application completely and accurately. I am submitting dues of $\_\_\_\_ along with my application and agree that this information will held on my record for as long as I am a member.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

***The Membership Fee is $30 per academic year or $20 per semester. This fee is non-refundable and will be used towards your BBSA shirt, business cards, and events.***