



## MEMBERSHIP APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Cell PHONE NUMBER \_\_\_\_\_

E-mail Address \_\_\_\_\_

USA Major \_\_\_\_\_

**Please Select one:**

Freshman \_\_\_\_\_

Sophomore \_\_\_\_\_

Junior \_\_\_\_\_

Senior \_\_\_\_\_

Graduate \_\_\_\_\_

Paid Cash \_\_\_\_\_ Paid Check \_\_\_\_\_

Date of Application \_\_\_\_\_

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