

DEPARTMENT OF STUDENT LIFE

Membership Form

Contact Information :

First name :

Last name :

ACES user name :

Street address:

City, State and zip code:

Phone number :

Student email:

Membership

I am a member of the following organization:

If Other, please specify Org. name :

Please select your affiliation in this organization:

If Other, please specify your affiliation :

I understand that **each student organization** is required to complete 40 hours of service per semester. Example- The Homecoming Dance is from 6-10 pm. Your student organization hosts a table and four members attend the event. Your organization has completed 16 hours of service.

Yes No

To prevent duplicate submission, please click SUBMIT only once.

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