



## Petition for Membership

*Please submit this form to the director of student programs.*

Organization \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Today's Date (MM/DD/YY) \_\_\_\_\_ Contact Pipeline E-mail: \_\_\_\_\_

**Potential organizations must collect the following information from 25 currently-enrolled students who are interested in becoming a member of the proposed organization.**

1. Name \_\_\_\_\_

Signature \_\_\_\_\_ Student ID \_\_\_\_\_

2. Name \_\_\_\_\_

Signature \_\_\_\_\_ Student ID \_\_\_\_\_

3. Name \_\_\_\_\_

Signature \_\_\_\_\_ Student ID \_\_\_\_\_

4. Name \_\_\_\_\_

Signature \_\_\_\_\_ Student ID \_\_\_\_\_

5. Name \_\_\_\_\_

Signature \_\_\_\_\_ Student ID \_\_\_\_\_

6. Name \_\_\_\_\_

Signature \_\_\_\_\_ Student ID \_\_\_\_\_

7. Name \_\_\_\_\_

Signature \_\_\_\_\_ Student ID \_\_\_\_\_

8. Name \_\_\_\_\_

Signature \_\_\_\_\_ Student ID \_\_\_\_\_

9. Name \_\_\_\_\_

Signature \_\_\_\_\_ Student ID \_\_\_\_\_