



ELIGIBILITY FOR STUDENT MEMBERSHIP

Please type or use block letters and return with your application or renewal form

NAME: _____
(Last Name) (First Name) (Initial)

NATURE OF COURSE: _____

UNIVERSITY: _____

EXPECTED DATE OF COMPLETION: _____

Signature of Applicant: _____ **Date:** _____

Certified as a full-time graduate student, or not-less-than-half-time undergraduate student:

NAME OF FACULTY ADVISOR:

ADDRESS:

TELEPHONE: _____ FAX: _____

EMAIL: _____

Signature of Faculty Advisor: _____ **Date:** _____