

## Membership Application

Name	J	Phone		
Z Number	F.	AU Email		
Current Address				
Status: Undergraduate	Master's	Specialist	Doctoral	
College, Department and Program				
Major(s)		Minor(s)		
Area of Specialization (Graduate s	tudents)			
Expected Graduation Date (Semes	ter/Year)	/		
Current GPA (Minim	um 3.0 for unde	ergraduate, 3.5 for g	graduate)	
In addition to this application, plea	ıse provide a 1 p	page summary that i	includes the following information:	
1. <b>Campus Involvement, Honors</b> offices/leadership positions held, be awards).			lude duration of membership, s for each position, or date and descrip	ption of
_	ebsite and/or reaction are interested	ding our brochure of in a leadership pos	ties, skills and interests you have that or Constitution, please include how you sition.	
Please initial this statement:				
	rship will be ter	minated. Meeting n	least one general meeting and one SA notices will be sent via my FAU emai asis.	
needed to verify my academic reco	ords, GPA and c	lass schedule to SA	nip Office to release any and all information AC. I understand that the information SAC for the purpose of selection of its	
Signature of Candidate			Date	
The completed application envelope and delivered to t		_	must be placed in a sealed a the Office of Academic Stud	dent

Services, 2<sup>nd</sup> Floor, College of Education, Boca Campus or *emailed* to <u>jmalhoyt@fau.edu</u>