



**STUDENT GOVERNMENT ASSOCIATION
(Membership Form)**

Name (please print): _____ Student #: _____

Home Phone #: _____ Work #: _____ Other #: _____

Address: _____ Signature: _____
 _____ E-Mail Address: _____
 City State Zip Code Major: _____

1) How many credits are you currently enrolled in? _____

2) What is your current grade point average? _____

3) What talents, skills or ideas can you contribute to the InterAmerican Campus S.G.A. ?

4) Have you or are you now participating in any student organization or club? If yes, list the name, location, and the office you currently hold, also include any awards received.

5) Would you be interested in being involved in committees and running for vacant offices?

6) What times are you available ?

Monday	Tuesday	Wednesday	Thursday	Friday

Turn in to Student Life Room 1121- S.G.A. Office: (305) 237-6184

FOR OFFICE USE ONLY

TERM: _____
 APPROVAL DATE: _____

REVISED 07/07/04 LP