



## SGA MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

*Please print clearly*

Name:										
Date of birth: (mm/dd/yyyy) ____/____/____			Student #					-		-
Current address:										
City:				State:			ZIP Code:			
Country:		Gender:		Male		Female		(Please Circle or check one)		
Home Phone:			Cell Phone:			Work Phone:				
Fax:		Other:			URL:					
Email:										

### EDUCATION

*Please print clearly*

Current Campus:											
Major:						GPA:					
Number of credits currently Registered:				Estimated Graduation Date:							
Are you involved in other organizations?		Yes		No		(Please circle or check one)				If yes, Please list below your current organization(s)	
1:		2:			3:						

### EMPLOYMENT

*Please print clearly*

Are you currently employed?									
Name of Employer:									
Date of employment: (mm/dd/yyyy) ____/____/____				Type of Employment: (e.g. full time)			Phone:		

### EMERGENCY CONTACT

*Please print clearly*

Name:									
Address:									
City:				State:			ZIP Code:		
Phone:			Email: (Optional)						
Relationship:									

### MEMBERSHIP

Select only one membership type (**Check one Box**) (for more information about membership, see attached brochure)

Senator: <input type="checkbox"/>		Ambassador: <input type="checkbox"/>			Intern: <input type="checkbox"/>					
Are you able to complete the required office hours:				Yes		No		(Please circle or check one)		

### SIGNATURES

I affirm that the above information is true to the best of my knowledge. I authorize the Student Government Association of Miami Dade College, North Campus to verify any information required to process my membership. I have read the enclosed information packets and affirm to know the responsibility of being a member of the Student Government Association of Miami Dade College, North Campus.

Signature of applicant:					Date: (mm/dd/yyyy) ____/____/____				
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