



STUDENT TECHNOLOGIES ASSOCIATION

Membership Application

2005-2006 Academic Year

Last Name:

First Name:

Email:

Cell Phone: Home Phone:

City: State: Zip Code:

Student ID #:

College Major or Program of Study:

Areas of Interest: Check all that apply.

- Networking Programming Applications Web Design
Gaming & Multimedia Graphic & Animation PCs & Operating Systems
Others (please specify):

I agree to abide by the Constitution and By-Laws of the Student Technologies Association.

Date:

Signature:

Please return the completed application to:
Wolfson CIS Department, Room 7148, Miami Dade College, 500 NE 2 Avenue, Miami, FL 33132

Allow one week for processing. Membership notifications are sent by email.