



Miami Dade
College
Wolfson Campus

Miami Dade College
Wolfson Campus
Student Government Association

Membership Profile Sheet

Name: _____ Student Number: _____

Home Address: _____

Mailing Address (if different from home address): _____

Telephone: Home _____ Work _____ Other _____ E-mail _____

Birth Date: _____ Age: _____ Place of Birth: _____

Hobbies and Recreational Interests: _____

Major: _____ Number of Credits: _____ GPA: _____

Extra curricular school activities: _____

How did you hear about SGA? _____

Have you been involved with SGA before? _____ If so, where? _____

How many hours can you contribute to SGA activities? _____

What are some activities you can help SGA carry out? _____

What are your goals for SGA? _____

Would you be interested in a cabinet position (if available)? _____

If yes, which one interests you and why? _____

Please attach a copy of your schedule.

I hereby swear that I will uphold the SGA constitution and student code of ethics to the best of my ability during my tenure at this college.

Signature: _____ Date: _____

Office use only	
Approved: Yes _____ No _____	
G.P.A.: _____	
Signature: _____	
Date: _____	