

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

Email:

Phone:

Current address:

City:

State:

ZIP Code:

EDUCATION INFORMATION

Current Major:

Classification:

GPA:

EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

BRIEFLY EXPLAIN YOUR INTEREST IN BECOMING A PART OF THE ADVOCATES AT TEXAS A&M

SIGNATURES

I authorize the verification of the information provided on this form as to my record and application. I have received a copy of this application.

Signature of applicant:

Date: