



# Membership Application

Please type or print clearly to complete the membership application. Return the completed application to the Treasurer, along with:

- 1.) A printed verification of your national membership (<http://www.amsa.org/AMSA/Homepage/JoinAMSA.aspx>) and
- 2.) A receipt from Susan for \$25 (One-time only chapter dues).

**Full Name:**

Circle one

Mr./Ms. \_\_\_\_\_  
Last
First
Middle

**Student ID number:** W \_\_\_\_\_

**Contact Information:**

\_\_\_\_\_  
 Street/P.O. box

\_\_\_\_\_  
 City, ST Zip

\_\_\_\_\_  
 e-mail address

**Class:** (circle one)

1    2    3    4    4<sup>+</sup>  
 Frosh   Soph.   Jr.   Senior   Senior +

**Anticipated Date of Graduation:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Month    Day    Year

**Cumulative GPA:** \_\_\_\_\_

**Major:** \_\_\_\_\_

**Applicant Statement:**

I hereby acknowledge that I have fulfilled all membership requirements for the Weber State University chapter of **AMSA**. Further, I will invest time, energy and enthusiasm to benefit the organization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (month/day/year)

\_\_\_\_\_  
Chapter Advisor Verification

\_\_\_\_\_  
Chapter Treasurer