



# ASAB



## Membership Application

Name: \_\_\_\_\_  
Last First Middle

E-mail: \_\_\_\_\_

Local Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Class Status:  Freshman  Sophomore  Junior  Senior  Grad

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

Minor: \_\_\_\_\_

### Requirements:

- Volunteer one hour in the ASAB office once a week.
- Assist with three events through out the semester.
- Attend Meetings on Monday from 3-4 p.m.

**If Unable to meet these requirements meet with the Activities Director Tracy Henderson**

Day and time you can work your hour in the office: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

