

Semester _____

THE ALLIANCE

Membership Form

Name: _____

Local Address: _____ P.O. Box # _____

Cell Phone #: _____

Email Address: _____

Major: _____ Minor: _____

Classification: _____ Expected Graduation: _____

By signing this document, I pledge to be an active member of The Alliance for this semester, unless otherwise discussed and approved by the current officers. I understand that being an active member includes attending meetings, preparing for events, volunteering at events, and even participating in events when possible.

Signature: _____ Date: _____

For officer use only

New Membership Dues Paid: _____ T-shirt Received: _____ Size: _____

Returning Membership Dues Paid: _____

Semester: _____