



**MEMBERSHIP APPLICATION  
A 501 (C) 6 ORGANIZATION  
EIN: 26-1089973**



**APPLICANT INFORMATION**

Name:		
Date of birth:	email:	Phone:
Current address:		
City:	State:	ZIP Code:
General Associate Student <i>(Please circle)</i>	New or Renewal <i>(Please circle)</i>	Today's Date:

**EMPLOYMENT INFORMATION**

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Education/Degree:	Area of Study:

**EMERGENCY CONTACT**

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

**METHOD OF PAYMENT**

Check: _____	Check#: _____	Cash: _____	<input type="checkbox"/> Student: \$50	<input type="checkbox"/> General or Associate: \$125
Credit Card:	Expiration Date:	Signature:		

**COMMITTEE INTEREST**

<input type="checkbox"/> Scholarship/Education	<input type="checkbox"/> Community Affairs	<input type="checkbox"/> Membership	<input type="checkbox"/> Corporate Memberships
<input type="checkbox"/> Fundraising/Event Planning	<input type="checkbox"/> ByLaws	<input type="checkbox"/> Youth Mentoring	<input type="checkbox"/> Public Relations/Marketing
<input type="checkbox"/> Oratorical Contest	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Sponsorships	<input type="checkbox"/> Web Development/Design
<input type="checkbox"/> IS/IT Projects	<input type="checkbox"/> Professional Development	<input type="checkbox"/> Legislative Affairs	<input type="checkbox"/> Student Affairs

**REFERRED BY:**

Person/Name:	Company:
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**PROCESSING INSTRUCTIONS:**

Mail to:  UFSC – Puget Sound Chapter Attn: Membership Committee Chair 3518 Fremont Ave N #350 Seattle, WA 98103	Email to: <a href="mailto:membership@ufscps.org">membership@ufscps.org</a>
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