



MEMBERSHIP APPLICATION

Fill out the information below, and return this sheet plus your membership fee to the faculty sponsors: Rayshell Palmer, in Scott #109-6, or Jason Garrison, in Tanner #2. For more information, contact either of us at r.palmer@sscok.edu or j.garrison@sscok.edu.

Lifetime Membership Dues: \$45

All Information Is Necessary for Contact and Graduation Purposes.

Name:						
Address:						
Phone:						
Email:						
SS# or Student ID:						
Anticipated Graduation year	2009	2010	2011	2012	2013	2014
Circle one:	STUDENT	FACULTY	ADMINISTRATOR			

For administrative use only:

Paid in full:	Cash	check # _____
Unpaid: Will Pay by:		
Partial Payment:	Paid:	Balance:
Honor Cord:		
POISE	Account updated:	