





## STUDENT GOVERNMENT ASSOCIATION (Membership Form)

Nam	e (please prin	t):	- DAT	MI	Student a	#:	
Hom	e Phone #:	11	Work- #:	IAIC	Othe	er #:	
Addr	ess:	201		Signatu	re: .ddress:		
	City	State	Zip Code	Major:	daress:	<b>3</b> 5	mymdc.net –
1) Ho	w many cred	its are you curre	ently enrolled	in?	_	0	
2) Wł	nat is your cui	rrent grade poir	nt average?			16	4
3) Wł	nat talents, sk	ills or ideas can	you contribu	te to the Pa	adrón Campus :	S.G.A. ?	2
E	4	5	5				9
4) Ha	ave you or ar ion, and the c	e you now part	cicipating in a	ny studen include an	t organization o	or club? If yes ved.	, list the name
				7			
5) Wo	ould you be ir	nterested in beir	ng involved in	committee	es and running	for vacant offi	ces?
			Mian	<u>11 Da</u>	<u>ae</u>		
6) Wł	nat times are	you available ?	Co	llege		3	
	Monday	Tuesday	Wedr	nesday	Thursday	Friday	
			PAN.	- 01			

Turn in to Student Life, Room 6018 S.G.A. Office: (305) 237-6184



FOR OFFICE USE ONLY	
TERM: APPROVAL DATE: REVISED 09/28/17 LR	



## Do NOT fill this side of the application until you are authorized

## **Student Government Association**

, am runt adrón Campus Student Government As lence for my position.	ning for the position of Senator for Miami Dade ssociation. I would appreciate your signature as	a sign of confi-
Print Name	Last four digits	
	<u> </u>	
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