

**MEMBER APPLICATION FORM**

**COLLEGIATE 100**

**PLEASE PRINT OR TYPE**

NAME: \_\_\_\_\_, \_\_\_\_\_  
*Last First MI*

STUDENT ID: \_\_\_\_\_

**LOCAL ADDRESS:**

\_\_\_\_\_  
*Street Address/P.O. Box*  
\_\_\_\_\_  
*City State Zip*

LOCAL PHONE #: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**PERMANENT ADDRESS:**

\_\_\_\_\_  
*Street Address/P.O. Box*  
\_\_\_\_\_  
*City State Zip*

**PERSONAL**

**DATE OF BIRTH:**

\_\_\_\_\_  
*Month Day Year*

**INTERESTS/HOBBIES:**

\_\_\_\_\_

**CHURCH/DENOMINATION:**

\_\_\_\_\_

**EDUCATION**

**NAME OF COLLEGE/UNIVERSITY:** \_\_\_\_\_

**CLASS STANDING:** \_\_\_\_\_

**CURRENT GPA:** \_\_\_\_\_

**TRANSFER STUDENT: YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**ORGANIZATIONAL MEMBERSHIP? YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**NAME OF ORGANIZATION(S)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Briefly explain why you would like to join the Collegiate 100.**

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