

MEMBERSHIP APPLICATION



Name _____

Student ID# _____

E-mail _____

Optional: Address _____

Telephone _____

Major _____

I understand that by my signature below I am giving authorized university personnel permission to review my application for membership to the Business Society by verifying my hours completed toward a degree and my current GPA. I also understand that no specific personal information will be reported to any student concerning my eligibility for membership.

Signature _____ Date _____

OFFICE USE ONLY

GPA > 2.50

Hours completed > 60 _____
by end of semester

Verified by
