Armstrong Atlantic State University
Health Sciences Student Association
Application

(Please Print or Type)

1 Name

2 Major

3 Expected Graduation — *term* ☐ Spring ☐ Summer ☐ Fall — *year*

4 Mailing Address — *number & street*; *apartment number*; *city, state, zip code*

5 Phone — *home* ( ); *work* ( ); *cell* ( )

6 E-mail Address — *main* @; *alternate* @

7 Interested in:
(check all that apply)

- ☐ Social gatherings and events
- ☐ Guest lectures from professionals working in the field
- ☐ Volunteer opportunities at AASU
- ☐ Volunteer and internship opportunities beyond AASU
- ☐ Community service events and projects
- ☐ Fundraising and/or marketing
- ☐ Other *(specify)*_____
- ☐ Other *(specify)*_____

8 Interested in an officer position?
(check all that apply)

- ☐ President
- ☐ Vice President
- ☐ Secretary
- ☐ Treasurer
- ☐ Membership Chair
- ☐ Programming Chair

9 Other skills or information you would like to highlight

Signature _____ Date _____

Return to the Health Sciences Department