



(INLO) Member Application

Name:

(Last Name)

(First Name)

(MI)

Nick Name: _____

Home Phone: _____ - _____ - _____

Cell or Work Phone: _____ - _____ - _____

E-mail _____

Birthday: _____

(Month/Day)

Classification: ___ Senior ___ Junior ___ Sophomore ___ Freshman

Areas of Concentrations:

Are you interested in running as an officer? (check all that apply):

___ President ___ Vice President ___ Secretary ___ Treasurer ___

What times are you most available to participate in events outside of our regular meeting time? _____

Will you be willing to serve on a committee or volunteer your time to the various projects that our organization undertakes? ___ yes ___ no



So that we better serve our membership we would like to know the following:

What are your career goals? _____

Do you have ideas for making this organization more beneficial to you and your fellow students? If so, please share:

Membership dues are \$10 Fall & Spring!

Please complete. You may mail to: Interdisciplinary Studies Dept, Box 19419, Arlington, Texas 76019 or Fax 817-272-3156 or in person University Hall- Room 209