

APPLICATION FOR STUDENT GOVERNMENT ASSOCIATION



SENATE CHAIR POSITION

NAME: _____

SS# _____ E Mail: _____

CAMPUS ADDRESS: _____

PERMANENT ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE: _____ BIRTH DATE: _____

GPA: _____ CLASSIFICATION: _____ BIRTH DATE: _____

POSITION APPLYING FOR: _____

PREVIOUS EXPERIENCE IN SUCH CAPACITIES: _____

WHAT DO YOU FEEL YOU CAN CONTRIBUTE TO STUDENT GOVERNMENT ASSOCIATION?

PREVIOUS LEADERSHIP POSITIONS:

SIGNED _____

DATE _____

