



Student Alumni Council Membership Agreement

Name	University ID
Campus Address	Campus Telephone
E-Mail	Parent(s) Name(s)
Parent(s) Phone	Parent(s) Address
City	State Zip
Year in School	Anticipated Graduation Date
Your Birth Date	Major/Minor
Shirt Size	Instant Messaging Nickname

Favorite Snack/Candy

Please list as many things as you can about yourself that you feel are unique and what you feel you can contribute to SAC.

What would you most like to gain through membership in SAC?

The following are membership requirements for Student Alumni Council:

- Attend bi-weekly general council meetings
- Attend scheduled committee meetings
- Attend one scheduled office hour per week
- Pay (nonrefundable) membership dues

I, _____, agree to accept membership in the ISU Student Alumni Council.
(signed)

_____ SAC President _____ Date

_____ SAC Advisor _____ Date

Rec'd _____	Dues Paid _____
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