## Student

## Membership



1) Last Name(Please Type)	FirstM.I	_
	see complete all information. Check convenient	hay for mailing address
_	ase complete all information. Check appropriate	
☐ School	☐ School Residence	Permanent Residence
School Name	Dormitory/Apartment	Address
Address	Address	City/State/Zip
Department	City/State/Zip	Phone/Fax No. (include area code)
City/State/Zip	Phone/Fax No. (include area code)	E-Mail Address
Phone/Fax No.	E-Mail Address	
E-Mail Address		
Home Page URL		
3) Course of Study and Degree:		
4) Anticipated Date of Graduation:		
5) Current Membership in Other Professional Organizations:		
6) Spouses Name:		
7) SARA Student Membership Dues: \$25.00		
Signature of Applicant	Date	
Referred By:		
Payment Method:		
Charge By:		
Credit Card Number: Expiration Date:		
Signature:		
(Not valid unless signed)		