

Student Organization Membership Application

Personal Information

Full Name

Student ID

Email Address

Phone Number

Date of Birth

Academic Information

Faculty/Department

Year of Study

Organization Involvement

Why do you want to join?

Which committees are you interested in?

☐ Event ☐ Finance ☐ Public Relations ☐ Logistics

Have you been involved in any student organizations before?

☐ Yes ☐ No

If yes, please specify your previous experience:

Declaration

☐ I hereby declare that the information given above is true and correct to the best of my knowledge.