

Student Organization Membership Application

Personal Information

Full Name

Student ID

Email Address

Phone Number

Date of Birth

Academic Information

Faculty/Department

Year of Study

Select

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.