



Member Information Form

Member Information

Name:		Date of Application:	
Permanent Address:			
City:	St:	Zip:	Male DOB: Female
Phone:	Campus Residence Bldg: Room:		
CWID:			
SSN:			
MSU Affiliation: Student Faculty/Staff		Off Campus Residence:	
Major:	City:	St:	Zip:
GPA:	Academic Year: Fr So Jr Sr Grad N/A		
Expected Graduation:	E-Mail Address:		

Emergency Contact Information

Name:		Relationship:	
Address:			
City:	St:	Zip:	
Phone:	Alternate Phone:		

Medical Information (Optional)

Medical History:
Medications:
Allergies: