

# Student Union Membership Enrollment Form

Please fill out this form in block letters for printing and physical submission.

## Personal Information

Full Name:

Student ID Number:

Date of Birth (DD/MM/YYYY):

Gender:

## Contact Information

Email Address:

Phone Number:

Current Address:

## Academic Details

Faculty / Department:

Program / Course of Study:

Current Year of Study:

## Membership Preferences

Preferred Committees or Clubs:

## Declaration and Signature

I hereby apply for membership in the Student Union and agree to abide by its constitution and bylaws.

Applicant Signature:

Date of Signing (DD/MM/YYYY):