

# Student Union Membership Application

Please complete this application form. Once filled out, print the document, sign and date it, and submit it to the Student Union Office.

## Personal Details

First Name:

Last Name:

Date of Birth (DD/MM/YYYY):

Email Address:

Phone Number:

## Academic Details

Student ID Number:

Faculty / Department:

Course / Major:

Year of Study (e.g., 1st, 2nd, 3rd, 4th):

## Membership Information

Membership Duration (Type: 1-Year, 2-Year, or Lifetime):

## Emergency Contact

Contact Person Full Name:

Relationship to Applicant:

Contact Person Phone Number:

## Declaration

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

Applicant Signature (Sign here after printing):

Date of Application (DD/MM/YYYY):