Association of Students in Kinesiolo Membership Application	gy		
Today's Date://		PLEASE ATTACH A PHOTO TO THIS APPLICATION	
Phone:		<u>HERE</u>	
CWID number:			
Major, if other than Kinesiology:			
E-mail address:	@v	warhawks.ulm.edu	
Classification: (Circle one) ☐ FR	□ \$0	□ JR □ SR	
Concentration (check one):	☐ EXSC	☐ ESPT (Pre-PT) ☐ FSST	
Current GPA Estimated Graduation	n Date		
Check area(s) in which you are inter	ested to work	k:	
☐ Public Relations ☐ I	Membership	Drives	
☐ Socials / Parties ☐ Standa	rds /Rules		
☐ Other			
Please indicate if in the Honors Prog	ram 🗖		
T-shirt size (check one) ☐ S ☐	M 🗆 L		
Dues are \$25 (covers t-shirt / Fall ar	nd Spring Du	es)	
I understand by joining this organization t approved	that I will partic I by the kinesio	ology faculty.	
		Name:	
	Paid:	Payment method: cash or check (CHECK #	
	Recei	ived by:	