Member Information Sheet

Fall 2009-Spring 2010

Name: _____

Address: _____

_____

Phone: _____

E-Mail: _____

I am Currently (Please Circle): PCOM COM OTHER

Freshman Sophomore Junior Senior Other

How many semesters have you been a member of CSS? _____

Expected Graduation Date: _____

What is something you are looking to get out of CSS this semester?

_____

_____

Area of interest(s) in COM Studies:

_____

***Please make checks payable to CSS**

Official Use Only

Fall 2009

Paid:_____
Cash/Check:_____
Initial:_____

Spring 2010

Paid:_____
Cash/Check:_____
Initial:_____