

**Student Activities Board
Membership Application
University of Arkansas Monticello**

Date _____

Name _____ SS# _____

Address _____

City/State/Zip _____

Phone # (_____) _____ Alt. Phone # (_____) _____

Email Address _____

Classification Freshman Sophomore Junior Senior

Cumulative Grade Point Average (GPA) _____

Please list all jobs, extracurricular activities, and organizations that you are involved with:

Please list any hobbies and other special interests:

What skills, interests, and/or experiences do you have pertaining to SAB activities?

Please provide your class schedule on the back of this application.

Thank you for your interest in the Student Activities Board!