

WSGSA MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Home Department:

Women's Studies Class Taken:

Email:

WHY ARE YOU INTERESTED IN BEING A MEMBER?

HOW DID YOU HEAR ABOUT WSGSA?

SIGNATURES

Signature of Applicant:

Date:

Signature of M.A. President:

Date:

Signature of Ph.D President:

Date:

Signature of Advisor:

Date:

*Upon completion of the application, the applicant will become an active member.