

# Membership Application

Please fill out application and mail to **HSA, CC323, UAibany, Albany, NY 12222.**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Class:** [Check that Applies]

- Freshman     Junior     Graduate  
 Sophomore     Senior     Other

Specify if Other: \_\_\_\_\_

## Address

Quad: \_\_\_\_\_ Hall: \_\_\_\_\_

Suite: \_\_\_\_\_ P.O.Box: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Events you would be interested:** [Check all that Apply]

- Creole Workshop (October 23)  
 Concordia Trip to Montreal (November 7-9)  
 Male/Female Revue (November 11)  
 200 years of Independence/Refugees in Florida Workshop (December 4)  
 Art and Voodoo Workshop (Spring 2004)

**Committees you would like to join:** [Check all that Apply]

- Arts (i.e Banner & Flyer Design)  
 Special Events Coordination  
 Public Relations

**What other events would you like to see HSA have? Any other comments / Suggestions?** \_\_\_\_\_  
\_\_\_\_\_

**Do you have friends who might be interested in joining HSA?**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

For more information email to [hsa@albany.edu](mailto:hsa@albany.edu)