

AASA Membership Form

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

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

Contact Phone Number: \_\_\_\_\_

AIM: \_\_\_\_\_

Birthday: mm-dd-yy \_\_\_\_\_

Major: \_\_\_\_\_

Year in School: \_\_\_\_\_

Interests -

- Sports:
- Football
- Men's & Women's Basketball
- Co-Ed Volleyball
- Co-Ed Softball

Interests - Major Events:  Ski Trip  Vegas Trip  Dance Crew

Interests - Other: \_\_\_\_\_

Do you enjoy:  Theme Parks  Clubbing  
 Dances  Community Services

Additional Comments or \_\_\_\_\_

What You Expect From AASA: \_\_\_\_\_

**Please Return Form to any AASA meeting**