Economics Association
Membership Application

Date ___/___/___.

Name _____
Last **First** **Student ID**

Address _____
Street **apt #**

_____
City **State** **Zip**

Phone (___) ___-_____

Email _____

Please Circle:

Freshman Sophomore Junior Senior Graduate

Expected Graduation Date Fall Spring Summer 20___

Suggestions, or Comments?

_____
_____
_____
_____

I am a (Please Circle): New Member Returning Member

Membership fees are $15 for one semester, or $25 per year.

Paid for: 1 Semester 1 year Cash _____Check_____