MINORITY MEN FOR EXCELLENCE (MM4E)

Creating Outstanding Men

MEMBERSHIP APPLICATION

Category of Membership: ❑ New ❑ Renewal

Name: _____
First Middle Last

Date of Birth: ___/___/_____ **Student ID#**: _____ G.P.A.: _____

Class Level: _____ **Expected Graduation:** _____

Status (check one)**:** ❑ First time in College ❑ Returning Student Semester & Year: _____

Major/Concentration: _____

Minor (If applicable)**:** _____

Mailing Address: _____

_____

Email Address: _____

Home Phone: _____ **Mobile Phone:** _____

How did you learn about MM4E?: _____

_____

Are you interested in becoming actively involved? (please check one)

❑ Yes, I would like to become actively involved, and have time to devote.

❑ Yes, I would like to become actively involved, but have limited time to devote.

❑ No, I do not wish to be actively involved, but do wish to take advantage of MM4E membership benefits.

If you would like to be actively involved and have time to devote, would you like to hold a leadership position? (check one):

❑ Yes ❑ No

Please check your shirt size: ❑ Small ❑ Medium ❑ Large ❑ XL ❑ 2XL ❑ 3XL

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