

Tennessee State University Graduate School Organization (GSO)

**MEMBERSHIP APPLICATION FORM**

**PLEASE PRINT LEGIBLY**

**Contact Information**

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| Name: |  | T-Number: |  |
| Degree: |  | Major: |  | Concentration: |  |
| Street Address: |  |
| City: |  | State: |  | Zip Code: |  |
| Cell Phone: |  | Alternate Phone: |  |
| Preferred Email Address: |  |
| Have you previously served in a student organization? |  | Yes |  |  | No |

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| What would you like to see the Graduate School Organization address? |
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| Are you interested in a leadership position? If so, which one? |
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| What days of the week are convenient for you to attend GSO meetings? |
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| What time of the day best fits your schedule to attend GSO meetings? |
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| Additional Comments: |
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