UDM Student Alumni Association
Membership Application

http://www.udmercy.edu/stay-connected/saa/
(Return to the Office of Alumni Relations on the 4th floor of the Fisher Bldg.)

Please fill out the following information:

Name_____ID Number_____Email_____

Preferred Phone Number_____School Address_____

Permanent Address_____

College_____Major_____Minor/Concentration_____

Cumulative GPA_____Estimated Graduation Date_____

Current Year: Freshman / Sophomore / Junior / Senior / Graduate

Birthday_____Referred by (not required)_____

Please respond to the following questions.

1. What activities/organizations have you previously participated in? Please include offices/positions held. You may include off-campus jobs, internships or work study.

2. Your time commitment to the UDM SAA will be manageable and flexible throughout the semester. How much time would you be willing/able to dedicate each month to your participation in the UDM SAA?

I certify that the information herein is accurate to the best of my knowledge, and I give SAA selection committee permission to verify my grade point average and academic standing.

_____ _____

Signature Date