



## Membership Form

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

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

Email Address (R'Mail Preferred): \_\_\_\_\_

Address: \_\_\_\_\_

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

Receive text messages as reminders for weekly meetings?  Yes  No

Class Standing:  First Year  Second Year  Third Year  Fourth Year

Other: \_\_\_\_\_

Are you a transfer student?  Yes  No

How did you hear about Accounting Society?

Email  Friend  Facebook  Website  Other: \_\_\_\_\_

What would you like to see the Accounting Society do this year?

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Please submit this membership form to Brandi Huynh or Felice Gonzales. If you have any questions, please contact us at [asucr54@gmail.com](mailto:asucr54@gmail.com).