



MEMBERSHIP APPLICATION FORM

(Please complete and return to Holly Hampton ext.4382/KEL 3101)

Name:
Date:
Office Location:
Phone #:
E-mail:
Membership due is \$25 per fiscal year <i>Make check payable to "CSUSM Foundation" (Memo BFSA membership).</i> <i>Cash is also accepted</i>

As a member of BFSA, what committee would you like to join?

By-laws

Mentor & Retention Program

Membership

Recognition Ceremony

Fundraising

Nominations/Elections

Scholarship

University Recruitment