



## MEMBERSHIP APPLICATION FORM

*(Please complete and return to LaPorcha Ellick ext.4962/USU 3600)*

**Name:**

**Office Location:**

**Phone #:**

**E-mail:**

**Membership due is \$25 per fiscal year**

*Make check payable to "CSUSM Foundation" (Memo BFSA membership).*

*Cash is also accepted*

***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