



# ASAB Membership Application

www.enmu.edu

**Name:** \_\_\_\_\_  
Last First Middle Student ID

**E-mail:** \_\_\_\_\_

**Campus Phone:** ( ) \_\_\_\_\_ **Mobil Phone:** ( ) \_\_\_\_\_

**Campus Address:** \_\_\_\_\_  
ENMU Station Number City State Zip

**Home Phone:** ( ) \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street City State Zip

**Class Status:**  Freshman  Sophomore  Junior  Senior  Grad

**Major:** \_\_\_\_\_

**Minor:** \_\_\_\_\_

**Please mark the committee you are most interested in:**

- Campus Comedy
- Entertainment
- WAG
- Social Issues
- Special Events

**Please make a note of which number is the best to reach you**