



# International Business Association Membership Registration Form



APPLICANT INFORMATION			
Name:			
Graduation Date (MM/YY):		TUID:	
Major(s):			
Minor(s):			
CONTACT INFORMATION			
Current address:			
City:	State:	ZIP Code:	
Permanent address:			
City:	State:	ZIP Code:	
Email:		Phone:	
STUDY ABROAD INFORMATION			
Study abroad location:		Semester:	
Are you interested in sharing your experiences with other members?		Yes	No
ADDITIONAL INFORMATION			
Other SPOs you are/may become a part of:			
Are you interested in joining any of the following committees?		Marketing	Fundraising
Date of birth:		Country of birth:	
Languages spoken:			
FOR OFFICE USE ONLY:			
Date of payment:		Receipt number:	
Amount paid:		\$20	\$30
Method:		Cash	Check
Signature:			