



International Business Association Membership Registration Form

Fall 2014-Spring 2015



| APPLICANT INFORMATION | | | |
|--|------|-------------------|------------------|
| Name: | | | |
| Graduation Date (MM/YY): | | | TUID: |
| Major(s): | | | |
| Minor(s): | | | |
| CONTACT INFORMATION | | | |
| Current Address: | | | |
| City: | | State: | Zip: |
| Permanent Address: | | | |
| City: | | State: | Zip: |
| E-mail: | | Phone: | |
| STUDY ABROAD INFORMATION | | | |
| Location: | | Semester: | |
| Are you interested in sharing your experience with members? Yes No | | | |
| ADDITIONAL INFORMATION | | | |
| Other SPOs you are/may become a part of: | | | |
| Interested in joining a committee? | | Marketing | Public Relations |
| Date of Birth: | | Country of Birth: | |
| Languages Spoken: | | | |
| FOR OFFICE USE ONLY | | | |
| Date of Payment: | | | Receipt Number: |
| Amount Paid: | \$25 | \$45 | Other: |
| Method: | Cash | Check | Other: |
| Signature: | | | |