**Application for Membership**

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| **Personal information** |
| Name: |       | Suffix: |       |
| NU ID: |       |  |
| Campus address: |       | ZIP: |       |
| E-mail: |       | Phone: |       |

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| **Academic information** |
| Standing: | [ ]  Graduate student ([ ]  PhD / [ ]  Masters / [ ]  Other:      )[ ]  School of Biological Sciences[ ]  School of Veterinary Medicine and Biomedical Sciences[ ]  Other:      [ ]  Undergraduate studentMajor:      [ ]  Exchange studentCollege / Department / Program:       |
| Advisor(s): |       | NCV faculty: | [ ]  Yes / [ ]  No |

**I understand and will comply with all University, Board of Regents, ASUN Student Government, Virology Student Association, state, and federal policies, rules, statues, and regulations as defined in the NU Book (RSO policy guide).**

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| Name: |       | Date: |       |