**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 student  Major:  Exchange student  College / 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: |  |