

STUDENT MEMBERSHIP APPLICATION

date: _____ please return to: **NEWH Membership**
 7668 El Camino Real
 Suite 104-470
 Carlsbad, CA 92009

chapter affiliation: **Southern Counties**

ALL INFORMATION MUST BE COMPLETED FOR ACCEPTANCE INTO NEWH, INC.

personal information:

last name:	<input type="text"/>	permanent address:	<input type="text"/>
first name:	<input type="text"/>	city:	<input type="text"/>
middle initial:	<input type="text"/>	state:	<input type="text"/> zip: <input type="text"/>
area of study:	<input type="text"/>	phone:	<input type="text"/>
		fax:	<input type="text"/>
		email:	<input type="text"/>
		spouse:	<input type="text"/>
		date of birth:	<input type="text"/>

school information:

school:	<input type="text"/>	mailing preference: home: <input type="checkbox"/> school: <input type="checkbox"/>	
address:	<input type="text"/>	year of study:	<input type="text"/>
city:	<input type="text"/>	school mailing address:	<input type="text"/>
state:	<input type="text"/> zip: <input type="text"/>	city:	<input type="text"/>
phone:	<input type="text"/>	state:	<input type="text"/> zip: <input type="text"/>
fax:	<input type="text"/>	phone:	<input type="text"/>
department head:	<input type="text"/>	fax:	<input type="text"/>
advisor:	<input type="text"/>	student or professional affiliations:	<input type="text"/>
student id no.:	<input type="text"/>	are you interested in or currently serving in any internships	<input type="text"/>

<i>I would like to support my chapter by serving on one of the following committees:</i>	community service:	<input type="checkbox"/>	NEWSletter:	<input type="checkbox"/>
	fund raising:	<input type="checkbox"/>	programming:	<input type="checkbox"/>
	hospitality:	<input type="checkbox"/>	scholarship :	<input type="checkbox"/>

Statement of Applicant

In applying for membership in NEWH, INC., I attest to the accuracy of the information in this application and will do all within my power to maintain and enhance the integrity and prestige of NEWH, INC.

signature: date:

Statement of NEWH Member Sponsor

I have known the applicant for the required amount of time, and to the best of my knowledge and belief the applicant named here is eligible for and worthy of acceptance by NEWH, INC.

signature: date:

Director of Scholarship and Education

signature: date:

Professor / School Official