Membership Application

Name (Legal name) ________________________________ Shirt Size ______

Student ID Number ________________________________

Email (print legibly) ________________________________

Contact Number

  Cell (____) ________________  □ can receive text messages

  Other (____) ________________  □ can receive text messages

I authorize the Math Club at CSUSB to use my photograph and name in newsletters (email or paper) and on the Math Club website, when appropriate.  □ Yes  □ No

I authorize the Math Club to make me an OrgSync account using the given information.  □ Yes  □ No

I have read and understand the Math Club Constitution and hereby affirm to abide by it.  □ Yes  □ No

Membership Type:  □ Active (CSUSB Student)  □ Alumni/Associate  □ Other: __________

Quarter (Circle all for which you are paying dues):  Fall  Winter  Spring

****Cabinet Use Only from this point forward PR________________ Treasurer __________

Treasurer Receipt

Membership:  □ Active ($15/qtr; $25/2 qtrs; $30/yr)  □ Alumni/Associate ($20/yr)  □ Other: __________

Quarters Paid For: ____________________________  Amount included: $___________

Received by: ____________________________  Date: ___/___/____

Signature of Treasurer: ____________________________

Date Authenticated: ___/___/____  Signature of Webmaster: ____________________________

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Student Receipt

Date: ___/___/____

Received From: ____________________________  $______

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For: ____________________________

□ CASH  □ CHECK  Received By: ____________________________