



Application for Membership

Name: _____ Student ID #: _____

Campus Address: _____

Campus Phone: _____ Email: _____

Home Address: _____

Home Phone: _____ Email: _____

Class Year (circle one): Freshman Sophomore Junior Senior

Major: _____ Minor: _____

Expected Date of Graduation: _____

List below all campus and/or community organizations to which you belong and any positions you have held/hold:

Why are you interested in joining the UE Student Alumni Ambassadors?

Please select an SAA Committee you would like to serve:

- Student Homecoming/Homecoming Reunion Weekend
- Special Events (Purple Friday Patrol, Welcome Week, Purple Santa, Founders Day)
- Recruitment and Membership
- Philanthropy

Thank You For Your Interest in SAA

Return application to:

Monica Spencer

Assistant Director of Alumni and Parent Relations
1800 Lincoln Avenue ~ Evansville, IN 47722 ~ (812) 488-4065
www.evansville.edu/alumni/studentalumniassociation.asp