

**Appalachian State University
AppITP Membership Form
2024-2025**

First Name: _____ **Last Name:** _____

Academic Classification:

- Freshman Junior Grad Student
 Sophomore Senior

Expected Graduation Date (month/year): ___/20__

ASU E-mail Address: _____@appstate.edu

Type & Length of Membership:

Select One:

- New Member
 Renewing Member
2024)

Select One:

- Full Year (\$30)
 One Semester (\$20 – only if you graduate in Dec.
2024)

Major(s): _____

Areas of Interest (Check All That Apply):

- Events
 Service
 Branding/Marketing
 Fundraising
 Other (Please Specify): _____.

-----DO NOT MARK BELOW THIS LINE-----

Monies to be Collected:

Full Year	\$30.00
Semester	\$20.00

Circle One: CASH CHECK