Applachian State University ApplTP Membership Form 2025-2026

First Name:	Last Name:
A and amin Classification	_
Academic Classification	
⊔Freshman ⊔Sophom	ore □Junior □Senior □Grad Student
Expected Graduation Da	ate (month/year):/20
Major(s):	
ASU E-mail Address:	@appstate.edu
Type & Length of Memb	ership:
Select One:	Select One:
□New Member	□Full Year (\$30)
	☐ One Semester (\$20 – only if you graduate in Dec. 2025)
Areas of Interest (Check	(All That Apply):
□Events	
□Service	
☐Branding/Marketing	
☐ Fundraising	
Other (Please Specify):	
Other (Flease Specify).	
	DO NOT MARK BELOW THIS LINE
Monies to be Collected:	
Full Year \$30.00	
Semester \$20.00	

Circle One: CASH CHECK