

**Belonging is easy.  
Just fill out the  
information below.**



Please complete this form. Please print clearly.

Name:

Last 4 digits of Social Security Number:

Address:

City:

State:  Zip Code:

Phone:

Personal Email:

College/University:

Major:

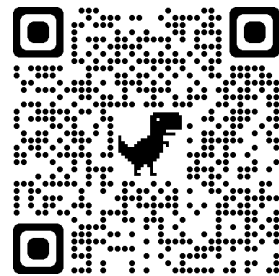
Year in School:

Anticipated Graduation Date (mm/dd/yy):

By signing this form I acknowledge that I am eligible for membership.

Signature:

**Your Voice.  
Our Power.  
Their Future.**



Why Belong?



Join Our Movement