

# BLACK STUDENTS' ALLIANCE

Calhoun Community College  
Membership Form

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Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone Number(s): Cell \_\_\_\_\_ Home: \_\_\_\_\_

Major: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

Future Occupation: \_\_\_\_\_

Other Clubs/Organizations: \_\_\_\_\_

How did you find out about the Black Student Alliance?  
\_\_\_\_\_

What are your goals as to being a member of BSA?  
\_\_\_\_\_  
\_\_\_\_\_

What activities and/or events would you like to see the club involved with?  
\_\_\_\_\_  
\_\_\_\_\_

List any ideas or concerns:  
\_\_\_\_\_  
\_\_\_\_\_