



## STUDENT MEMBERSHIP APPLICATION

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### PERSONAL DATA

Name \_\_\_\_\_ Phone \_\_\_\_\_

University \_\_\_\_\_ Degree \_\_\_\_\_

Estimated Graduation Date \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Alternate E-Mail Address \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?  Yes  No If yes, please attach an explanation.

Have you ever been denied membership or had your membership revoked in any other state association?

Yes  No

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### EDUCATION (UNDERGRADUATE AND GRADUATE)

Degree	Institution	State	Year Earned
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_____	_____	_____	_____
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### WORK EXPERIENCE

If you are only enrolled part-time, are you currently working?  Yes  No

If you answered yes, how many hours, your title and name of business or government:

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### MEMBERSHIP CATEGORIES

Student (Annual dues are \$10)

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### ENDORSEMENTS

FLGISA does not require an endorsement for the application. An endorsement from an FLGISA member will be required at the time of your first renewal.

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### APPLICANT'S SIGNATURE

By my signature below, I certify that the information supplied above is true to the best of my knowledge. I have read and agree to comply with the FLGISA Code of Ethics and understand that completion of the online ethics review is required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send Completed Application To:**

**FLGISA**  
**125 East Colonial Drive**  
**Orlando, FL 32801**  
**Phone: (407) 367-1737**  
**E-Mail: [admin@flgisa.org](mailto:admin@flgisa.org) ; Home Page: [www.flgisa.org](http://www.flgisa.org)**

Where did you hear about FLGISA? \_\_\_\_\_

What are you looking for in the Association? \_\_\_\_\_

\_\_\_\_\_

**DO NOT SEND PAYMENT WITH YOUR APPLICATION. YOU WILL BE INVOICED UPON APPROVAL OF MEMBERSHIP.**