



# MEMBER INFORMATION FORM 2009-2010

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

C-Number: \_\_\_\_\_ Birth date: \_\_\_\_\_

Are you pre-med?  yes  no Class standing (circle one): F So J S

## CONTACT INFORMATION

E-mail: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Cell phone number: (\_\_\_\_) \_\_\_\_\_

Home or alternate number: (\_\_\_\_) \_\_\_\_\_

## ACADEMICS

Major(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Minor(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EXPERIENCE

Extracurricular Activities:

\_\_\_\_\_  
\_\_\_\_\_

Research Experience:

\_\_\_\_\_  
\_\_\_\_\_

CLUB

**Microbiology classes taken or taking:**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**DUES**

**FALL SEMESTER ONLY: \$15.00**

**SPRING SEMESTER ONLY: \$15.00**

**ENTIRE YEAR: \$25.00**

Full payment must be received before the end of the fall semester.

Dues collected will entitle you to one T-shirt, treats during the meetings, and one banquet ticket (if entire year dues paid and all other requirements met).

**IMPORTANT  
PLEASE READ**

As part of the rules and regulations you must be an **active member** in the club to participate in some of the activities, including but not limited to the banquet and physician shadowing. **To be considered an active member, you must attend at least 3 meetings, 2 fundraisers (one being a carwash or BankUnited Center), and 1 community service and/or social event per semester.**

By signing this form, you understand the requirements to be considered an active member in the Microbiology and Immunology Club.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Thank you for joining the University of Miami Microbiology and Immunology Club.

**FOR OFFICER USE ONLY**

**DUES**

**Check One:**      Entire Year       Fall Semester  Spring Semester

**Mode of Payment:** Cash       Check       **Date:** \_\_\_\_\_

**Receipt Number:** \_\_\_\_\_      **Officer Initials:** \_\_\_\_\_

**T-SHIRTS**

**Size Received:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_ **Officer Initials:** \_\_\_\_\_