

ASIAN BUSINESS  
STUDENT ASSOCIATION



***Membership Application***

*We will keep your information confidential. The information you submit is solely for the purpose of better serving our members.*

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First Name: _____	Class Status: _____
Surname: _____	Major: _____
Parent Name (If Any): _____	Expected Graduation: _____
UW NetID/Email: _____	Phone # (Optional): _____

The following questions are all optional:

Gender: _____	Age: _____
Ethnicity: _____	

Survey (Optional):

1) How did you hear about ABSA?

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2) What kinds of experience do you expect to get out of ABSA?

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3) What industry or company would you like to hear from a guest speaker?

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4) Do you have any suggestions for ABSA?

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To become our **official member** and receive exclusive info about internships/job opportunities and other benefits please pay the membership dues:

Quarterly ABSA Membership: \$15 | Annual ABSA Membership: \$25

"I verify that the information provided above is correct and be aware of the information presented will ONLY serve as a record in the ABSA membership database."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date