

Application for **STUDENT MEMBERSHIP**

Full Name:

Mailing Address

City/State

Zip

Telephone

Your Major

Name of College or University you currently attend:

Your Email Address:

In which publications has your work appeared:

Briefly describe why you want to join the VPA:

Dues: Student membership dues are \$25 annually. Please submit one year's dues with application.

Submitted by: _____ Date: _____

Office Use Only: Approval of Membership _____ Check Rec'd: _____

Executive Director Signature: _____