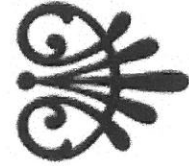




Western Oregon University
Gerontology Student Association
Club Membership Application



Name * : _____ Date : _____

Major/minor * : _____ Expected Graduation Date : _____

Email * : _____ Phone : _____

How did you hear about the GSA? : _____

Briefly describe your interest in Gerontology : _____

What type of volunteer opportunities interest you? :

- | | |
|---|---|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Research |
| <input type="checkbox"/> Direct Service | <input type="checkbox"/> Cognitive Interaction |
| <input type="checkbox"/> Education and Training | <input type="checkbox"/> Exercise / Physical Activity |
| <input type="checkbox"/> Program Planning | <input type="checkbox"/> Other : _____ |

* Required Fields