



Pakistani Students Association

Email: psa@pegasus.cc.ucf.edu

Web: <http://pegasus.cc.ucf.edu/~psa/>

MEMBERSHIP FORM 2005

Membership Grade: Active (Student)___ In-Active** (Non-Student)_____

Membership Duration: Annual _____ Semester _____

Amount Paid: \$ _____ (Annual: \$10, Semester: \$5)

Note: Highlighted items are required.

Name:
Email:
Department:
Status: Graduate / Undergraduate (Freshman, Sophomore, Junior, Senior)
Expected Graduation Date:
PID:
Address:
Phone:

Do you want to subscribe to PSA Mailing List? **Yes** ___ **No** ___

Would you like to be listed on PSA Website?

Name: **Yes** ___ **No** ___

Email: **Yes** ___ **No** ___

Phone: **Yes** ___ **No** ___

Would you like to volunteer for PSA Activities? **Yes** ___ **No** ___

Signature: _____

Name: _____

Received by: _____

Membership Fee: Cash ___ Cheque ___

** There is no membership fee for Inactive members.