



SHAC
Student Health Advisory Committee
MEMBERSHIP FORM

Contact Information

Name: _____ Date: _____

Phone: _____ Email: _____

Local Address: _____

Students

Major of Study: _____

Check One:

Freshman Sophomore Junior Senior Graduate

Non Students

Title: _____

Agency/Department: _____

General Questions

Why are you interested in becoming a member of SHAC?

Describe any special strengths, skills or resources you bring to the group.

How many hours would you be willing to commit to SHAC activities on a monthly basis?
