

Application for the SNEC AFS Student Membership Award

Please print out, complete the following and return to:

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Application for the SNEC AFS Student Membership Award

Applicant's name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Graduate student: _____ Undergraduate student: _____

Current AFS member? Yes _____ No _____

Sponsoring faculty member's name: _____

Applicant's signature: _____

Faculty member's signature: _____

Note: Faculty member must attach a letter of nomination