

M.U.S.C.L.E.S

MOVING UNIVERSITY STUDENTS CLOSER TO LEADERSHIP IN EXERCISE SCIENCE

Membership Application

Name _____ Date of Birth ____/____/____

GSU email _____@student.gsu.edu

Cell Phone Number _____ Can we text you? ____Yes ____No

T-Shirt Size (circle one): **S M L XL XXL**

Expected Graduation Date _____

Career Path _____

Are you interested in serving on the Executive Board? ____Yes ____No

(This is a 1 year commitment)

Are you interested in competing on the GSU team for the ACSM Student Trivia Bowl?

____Yes ____No (team competition that competes initially at the SEACSM conference. Trivia is exercise science related questions; team members will be prepared. Team winners get free trip to National ACSM conference to compete against other colleges/university teams)

Applicant Signature _____

Date ____/____/____

All information provided by applicant will be kept confidential.

Please make checks out to Georgia State University

Thank you for joining!

For Office Use Only

Fall/Spring semester \$30.00 (from first day of class to last day of classes)

Spring semester only \$20.00 (from first day of class to last day of classes)

Payment: Cash _____ Check _____ (Check # _____)

Received by: _____

Date ____/____/____