

**The Graduate Student Association**  

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**AT**  

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**Idaho State University**

***“Creating a Community of Connection”***

Application for Graduate Student Association (GSA) Membership

Name:	_____
	(please print)
E-Mail Address:	_____
Campus/Mailing Address:	_____
	_____
Phone Number (home):	_____
Phone Number (office):	_____
Phone Number (cell):	_____
Bengal ID:	_____
Graduate Degree Program:	_____
By signing this application, you are certifying that you a graduate student (part- or full-time) at ISU and eligible to become a member of the Graduate Student Association.	
Signature	_____
Date	_____

**Membership DUES**                      \$2.<sup>00</sup>/year

**Return your completed application and membership dues (check made out to the GSA) to the GSA, care of the Graduate School, Attention Dr. Cynthia Pemberton, Idaho State University, 921 So. 8<sup>th</sup> Ave, Stop 8075, Pocatello, ID 83209-8075**

*Dues Paid*                      \_\_\_\_\_  
*Date*                                      \_\_\_\_\_  
*By*    \_\_\_\_\_