



ASID STUDENT REPRESENTATIVE TO THE BOARD APPLICATION

Return this application with recommendation letters (either from two ASID student members or one ASID faculty adviser/educator member) to the ASID professional chapter via the email listed on page 2. Letters of recommendation should include contact information for those providing the recommendation in the event that the board of directors needs additional information.

Note: Letters of recommendation should be in digital PDF format and sent with this application – they do not need to be sent separately and/or in a sealed envelope.

Student Name: _____

Student Email: _____

School: _____

Phone Number: _____

Are you in an advanced (upperclassman) level of study (circle one)? YES NO

Have you read the requirements of the SRB and are you willing to take on these tasks (circle one)? YES NO

Prior or current ASID leadership positions:

ASID Activities:

1. _____

2. _____

3. _____

