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.	



Community/ Civic Activities:

1.	
2.	
3.	

Describe how you will contribute in the position of SRB.

Student Signature

Print Name

Return to:

Chapter Admin: ____Administrator

Chapter Name: CAPEN

E-mail: administrator@CAPEN.asid.org_