



**Antigua & Barbuda Student Association-USA Inc. 47-1460301**

## Student Membership Application

*Please Print*

**Name of Individual:** Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone No:** Daytime: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**College Attending:** \_\_\_\_\_

**Campus Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Major:** \_\_\_\_\_

**Year graduating:** \_\_\_\_\_

**Current GPA:** \_\_\_\_\_

**Sports:** \_\_\_\_\_

**Please provide us with a brief bio of yourself for us to better understand your interest and better able to assist you.**

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**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Applications can be mail to: **17 Springbrook Road, Nanuet NY 10954**

**or email to: [absausa@mail.com](mailto:absausa@mail.com). Thank You.**

*Make a **choice**, take a **chance**, and **change** your world.*