



Florida Community College at Jacksonville

North Campus

Student Government Association

Membership Application

Last Name:		First Name:		MI:
Date of birth: / /		Home Phone:	Cell Phone:	
GPA:	Total Credits:	Current address:		
City:		State:	ZIP Code:	
Email Address:				

Availability

Monday	Begin:	End:
Tuesday	Begin:	End:
Wednesday	Begin:	End:
Thursday	Begin:	End:
Friday	Begin:	End:

Which Committee would you prefer to be part of? (Circle one)

Membership	Advertising	Student Concerns	Newsletter
Career Goals/ Major:			
Hobbies and Interests:			

Read Carefully and Sign

I _____ hereby pledge my allegiance with the student government association of Florida Community College at Jacksonville, North Campus. As a member I promise to represent each student professionally while diligently working to keep the student body's best interest at heart.

Signature of Applicant:	Date:
Signature of Membership Director:	Date:
Signature of SGA President:	Date: