SOCIETY OF WOMAN GEOGRAPHERS

PROPOSAL FOR STUDENT MEMBERSHIP

Please Type

Name_____
(Last) (First) (Middle)

Check box where SWG notices are to be sent

Home Address _____

_____

School Address _____

_____

Telephone _____
(Home) (School)

E-mail _____

Place of Birth_____ Date of Birth _____

Citizenship _____

Education: *(List educational institution(s), degree(s) awarded or expected, and graduation date(s))*

* Sponsor's evaluation of student's interest and future plans:

* Plans for SWG Liaison

Signatures:

Applicant: _____

SWG Sponsor: _____
Please type name:

SWG Liaison (if different from sponsor): _____
Please type name:

Date filed _____

* Add sheets as necessary