

Brookhaven College Chapter of Society for Advancement of Management Membership Application

Name:
Last First M.I.

Position / Title:

Company:

Mailing Address:

Line 1:

Line 2:

City: State: Zip: (+4)

Brookhaven College Student ID#.:

Office Telephone: () - Home Telephone: () -

Cell Telephone: () - Email:

Graduation Date: / / (mm/dd/yyyy)

Membership:

Student \$35.00 per year

Minimum 2.5 GPA on College-Level courses is required

Membership in the national SAM organization is available to non-Brookhaven college students. For application information see www.cob.tamucc.edu/sam/membership/prof_and_acad-application_form.htm

Payment Method:

Check or Money Order enclosed for:

Payment MUST Accompany Application!

Make check payable to **Brookhaven College** AND include **Driver License Number** and **Date of Birth** of Check Signer on **FRONT** of check!

Please mail this completed Application Form with payment to:

Marisa Walsdorf
Brookhaven College
Business Studies Division
3939 Valley View Lane
Farmers Branch, Dallas, Texas 75244-4997