

SSS Advisory Board Application

Name _____ Student ID# _____

Local Address _____

Local Phone Number _____ E-mail _____

Major _____ Year _____ Fr _____ Soph _____ Jr _____ Sr _____

1. Why are you interested in becoming a member of the SSS Advisory Board?

2. What would you like to see this organization accomplish?

3. What abilities, skills, or knowledge can you bring to this organization?

4. Do you belong to any other organizations, and if so, what is your role in them?

Please return this application to the SSS Office, Old Library 2136. If you have any questions, contact Bruce Ouderkirk at 836-4542 or ouderkbj@uwec.edu



University of Wisconsin-Eau Claire