



Speech Communication Society [scs]

Application/Renewal Form

Name: _____ D.O.B. ____/____/____
 Address: _____ Ph: _____
 _____ Cell: _____
 _____ Email: _____

Membership Information

New Member: _____ Present Member: _____ SCS Member Since: _____

Academic Information

Major: _____ Est. Grad Date: Semester _____
 Minor: _____ Year _____
 High School: _____

- For Non-Speech majors Only -

Speech Classes Taken: _____

Tell Us About Yourself

Why do you want to be a part of the Speech Communication Society?

What awards have you received and what achievements are you proud of?

What are your hobbies? What do you do in your spare time?

What Are Your Favorites?

Movie _____ Food _____ Music _____
 Ice Cream _____ Store _____ Sport _____

What social, career, or fund raising ideas do you have for the SCS?

For SCS use only (do not write in this section) Dues Paid: _____
 Membership Expires: _____ Received By: _____