

HESO Member Application

		Applicant inform	ation		
Full Name:					
	Last	First			M.I.
Student I.D. #:					
Address:					
11001050	Street Address				Apartment/Unit #
	City	State			ZIP Code
Phone Number:					
Would you like for HESO	to send text message alerts: □	7Yes □No			
Emaile					
Email:	*as HESO member, it is a r	equirement to regularly ch	eck emails		
Class Standing:					
☐ Freshman	\square Sophomore	☐ Junio	or	□ Senior	
T-Shirt Size:					
□ Small		Medium		Large	
□ X-Large		XX-Large		Other	
	required to be a HESO m d Records Department?	ember is a 2.0, Do you	achieve this requir	ement and allo	w for verification
□ Yes	Records Department:	No			
Semester dues are \$	\$30 for new members and	1 \$20 for returning me	embers. Your mem	bership dues ca	an be paid upon
	application. Your dues w			_	_
_	nned for the semester. Fur ur dues as soon as possib	-	ill also play a role i	n funding our	club. Please show
	-	ie. Thank you.			
Officer's Use: Leave bla	nk				
Collected by:	Date Paid:	Payme	nt Method: 🗆 SQUAR	E □CASH	□CHECK
GPA Verified ☐ YE	S □ NO				