



ADMINISTRATIVE FORMS

LOCAL MEMBERSHIP ENROLLMENT
STUDENT WORLD ASSEMBLY,
(SCHOOL NAME) CHAPTER
ADDRESS/COUNTRY
DATE OF CHAPTER ESTABLISHMENT

Name: _____

Grade Level: ___ 1st year ___ 2nd year ___ 3rd year ___ 4th year ___ 5th year ___ Graduate

Major: _____ Minor: _____

Global Interests: _____

Please list all languages you speak fluently, beginning with your native language:

Contact Information:

Address: _____

Phone Number: _____

Primary Email: _____

What is your interest in the Student World Assembly? (*optional statement*)

SWA ANNUAL REPORT

Chapter Information

Chapter Name:

Address:

Faculty Advisor:

2003-2004 Sponsors:

Chapter Officers(name & email):

President:

Vice President:

Secretary

Treasurer

Publicity Coordinator

Chapter Membership:

New Members: _____

Total Members: _____

Chapter Fundraising:

<i>Type</i>	<i>#</i>	<i>Amount made</i>
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Campus & Community Services

Chapter History Summary:



Plans for 2004-2005:

Completed by: _____ Date: _____