

Member Information	
Name (First Name, Middle Initial and Last name)	
College/University	
On-campus Address	
Primary Email	
Primary Phone Number	
Additional Information	
Home Address	
Other Email	
Send Mail to	<input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> I do not wish to receive mail
Education	
Degree	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Masters <input type="checkbox"/> Ph.D.
Major(s) and Minor(s)	
Year in School	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior
Anticipated Graduation Date (mm/yyyy)	
Currently enrolled semester hours	
Academic Term	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Compressed Term
Employment (if applicable)	
Employment Status	<input type="checkbox"/> Full time student <input type="checkbox"/> Employed in a full-time nonexempt (hourly) position <input type="checkbox"/> Employed in a full-time exempt position <input type="checkbox"/> U.S. Military active duty - Enlisted <input type="checkbox"/> U.S. Military active duty – Commissioned Officer
Demographic Information (optional)	
Year of Birth (yyyy)	
Gender	
Race/Ethnic Identification	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Multicultural/Other <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Other Latino <input type="checkbox"/> Hispanic/White Latino <input type="checkbox"/> Other/Decline

Membership Categories and Dues

Note: SCPT Membership is nonrefundable and nontransferable.

One (1) Year SCPT Membership	<input type="checkbox"/> Check
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\$10.00	<input type="checkbox"/> Money Order
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	<input type="checkbox"/> Cash
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I understand my membership will not start until CPT receives and processes my application and payment. I hereby apply for student membership in SCPT and agree to pay the current applicable membership dues.

I certify that the information contained within this application is accurate and correct.

Signature:

Date: