<u>CHMR Membership Application</u>

(please print legibly)

To be submitted on date of training session

Name: ____

Email: ____

Are you currently an **undergraduate** student at Memorial?: Yes No

Student #: ____

Phone #: ____________ (h) __________ (w) ____________ (c)

Address: ____

Are you at least 18 years of age? Yes No

(Optional) Do you have any medical conditions of which you feel that we should be aware? Conditions may be outlined in the space provided below. Responses will be kept confidential.

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Date of training session: ____________________

Date of first show: ________________________ (for office use only)