Returning Member Application		
PERSONAL INFORMATION	Squart 158	Please check: □ I am a matriculated student at the College of New Jersey
Name:	Class Year:	 Check here if your information can be included in our member directory
Local Address (on- or off- campus):		
Contact Phone:	Screen name:	
TCNJ E-mail:	Date of Birth:	
EMERGENCY CONTACT INFORMAPlease provide us with someone we can Name:Address:	n call in case of an emer	
Phone:	Alternate Phone:	
CERTIFICATIONS Please give us the type and expiration of		may already have Expires:
		Expires:
		Expires:

ESSAY: On the back of this paper, briefly explain why you are returning to Lions' EMS and your thoughts and feelings on the organization. Are we heading in a positive direction? Is this what you expected when you joined? What would you change? Do you have any ideas about the upcoming year? Please take this seriously as we eed your feedback to help improve the organization.

To complete your application, please submit a \$10 application fee, which will be used for your uniform shirt. If you already have a shirt and do not want another, do not submit payment. Checks should be made payable to The College of New Jersey- Lions' EMS. Should you miss the application deadline, there will be another one in the Spring Semester. Check out our website <u>www.tcnj.edu/~lionsems</u> for details.

Shirt Size: _____

Signature