

RISK MANAGEMENT AND INSURANCE SOCIETY- APPLICATION FORM

TODAY'S DATE: _____

NAME (FULL NAME) _____

LOCAL ADDRESS _____

CITY, STATE & ZIP _____

TELEPHONE # _____

E-MAIL _____

PERMANENT ADDRESS _____

CITY, STATE, & ZIP _____

TELEPHONE # (AREA CODE) _____

Past Insurance Employment Experience:

Honors, Activities, and Leadership:

Expected graduation date: _____

Risk Management & Insurance Courses Enrolled In:

This Semester _____

Next Semester _____

Please attach check for \$30 dues, payable to "Risk Management & Insurance Society"
Return to Ms. Camille Mitchell's or Dr. Larry Cox's mailbox in Holman 322
