

Please download this application and complete the form electronically, including your and your supervisor's signature via Adobe Sign. Email completed application to FS.SAEC@mail.fresnostate.edu

## **Membership Application**

		Contact In	formation	
Full Name:				
Campus Phone:	ŗ	E mail Addraga:		
Department:				M/S:
Position Title:				
Supervisor:			Supervisor's E-mail:	
Dair flooring and the		Interest Que		
Briefly describe ye	our interest in joining the S	Staff Assembly	Executive Committee (may	use a separate paper if needed):
I can commit to a n	ninimum of 2 hours per mon	th to attend mar	ndatory meetings	
I can commit to an a	verage of 8 hours per month,	, in addition to the	e mandatory monthly meeting	
Each office is busie	er at different times of the yea	ar. My office is t	he busiest during:	
Summer	Fall	Spring	Ŭ	
Please check (✓)	next to any area you have	e experience w	orking with on or off campus	s:
Accounts/F	inancials/Budgets		Proposals	
	velopment/Maintenance Soc		Donations/Fundraising	
Social Med	ia (Facebook, Twitter, etc)		Event Planning	
I certify that my ans	swers are true and complete	Disclaimer and to the best of m		
understand that the		is 2 - 10 hours p	ted to the Staff Assembly Exec er month. Additional time con	
If this application le		understand tha	t false or misleading informatio	on in my application or
Your Signature:				Date:
Signature: Supervisor's				
Signature				Date: