



MEMBER INFORMATION

Name: _____

Show Name: _____

DJ Alias or Nickname: _____

(Check One)

Student Community Member

If you are a student, please check only one box in the top row and only one box corresponding in the bottom row:

Freshman Sophomore Junior Senior

A-Section B-Section

Current Phone #: (____)____-____ (Valid for ____/____/____ thru ____/____/____)

Permanent Phone #: (____)____-____ Email Address: _____

Alternate Email Address (not required): _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

I (print initials here) _____ certify that this information is accurate and understand that I am responsible for providing the most up-to-date contact information to WKUF-LP as needed.

★ _____ Date: ____/____/____

