



**S. C. R. P.**



**Seminole Collegiate Recreation Professionals**

**APPLICATION FOR MEMBERSHIP**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

\_\_\_\_\_ Work #: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Program Emphasis (Outdoor Recreation, Resort/Club Management, Special Events, Fitness, Campus Recreation, General):

\_\_\_\_\_

How did you hear about SCRCP? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Areas where you would like to see SCRCP get involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tell us about your talents and abilities: (artistic abilities, leadership skills or experience, certifications, group affiliations):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you be interested in an Officer's position? \_\_\_\_\_ YES \_\_\_\_\_ NO

Would you be interested in serving on a Committee? \_\_\_\_\_ YES \_\_\_\_\_ NO

**MEMBERSHIP FEE \$25.00**

Payable to SCRCP

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