



College/University Affiliation Application



Institution and Liaison Information

Name of School/College/University: _____

Address: _____

Address: _____

Faculty Advisor/ Liaison to BMA-Milwaukee: _____
(Name)

Title: _____

Department/College: _____

Area of Specialty: _____

Phone Number: _____ Email: _____

Are you a current member of BMA-Milwaukee? _____ Yes _____ No

Student Organization Information

Please describe the student organization to be affiliated with BMA-Milwaukee.

Name of Student Group: _____

Average Number of Members per Semester: Fall _____ Spring _____

Student Organization Chair/Leader Name: _____

Student's Email: _____

Does the organization hold official affiliation(s) with any other professional organization(s) (AMA, PRSSA, AdWorkers, Ad2, etc.)? If so, please list:

Submission Instructions

- Please mail the completed documents and payment to:
Brent Kaufman, BMA-Milwaukee Student Affiliation, 207 N. Milwaukee Street, Milwaukee, WI 53202
- Attach \$200 check payable to: BMA-Milwaukee

Please check one (1) of the following:

Current Student Membership List: _____ Attached to Form _____ Will be submitted by _____
(Date)

The information I have provided on this application is accurate and correct to the best of my knowledge. I understand that any omission (including any misstatement) of material fact on this application may be grounds for rejection of this application.

Signature

Date