



Membership Form

Name (Last, First)			Student ID	
Major			Primary E-mail Address	
Hometown	State	Zip Code	Telephone Number	
Nationality		Year of Graduation		Semester and Year of Registration
Do you have any past leadership experience? If yes, please explain.				
What do you want to pursue within LASO? (Lead event, volunteer, committee member, E-Team member, website design, etc.)				
How did you hear about the LASO? <input type="checkbox"/> Newspaper (Identify) _____ <input type="checkbox"/> Faculty <input type="checkbox"/> Friend <input type="checkbox"/> Other (Please Explain) _____ _____ _____			What are your interests? 	

You can either submit the membership form to an E-Team member or choose to mail the signed form to:

Latin American Student Organization
 Latino/a Student Cultural Center
 104 Forsyth Street
 Boston, MA 02115

For more information, contact us:

Email: NULASO@yahoo.com
Website: <http://www.laso.neu.edu>

Applicant's Signature _____ Date ____ / ____ / ____