



Application for GAI Student Membership

Basic Information

Prefix	<input type="text"/>
First Name*	<input type="text"/>
Middle Name	<input type="text"/>
Last Name*	<input type="text"/>
Suffix	<input type="text"/>

Primary Contact Information

Street Address*	<input type="text"/>
Street Address Cont.	<input type="text"/>
City*	<input type="text"/>
State/Province*	<input type="text"/>
Zip*	<input type="text"/>
Country	<input type="text"/>
Phone*	<input type="text"/>
Email Address*	<input type="text"/>

College or University

School Name: _____

Degree Pursuing: ☐ Associate ☐ Bachelors ☐ Masters ☐ Doctorate ☐

Other _____

Graduation
(month/year) _____ Major/Minor: _____



Membership fees

Standard Annual Membership Fees for 2015

Description	EURS
Student and apprentices Membership	50.00€

I represent and warrant to GAI that the registration information I have submitted is truthful, accurate, complete and up to date, including my full legal name and educational background.

Signature (required): _____ Date: _____

Your signature indicates that you agree to be bound by this provision.