



## USALSA Membership Form 2013

*Please fill out this membership form and deposit it in the USALSA mailbox, located outside of LB1-29*

Student Number:

Family Name:

Given Name(s):

Mobile/Telephone:

Email: @mymail.unisa.edu.au

Address: Suburb:

Post code: State:

First period of enrolment in a Law program at UniSA **(please circle)**

Year:	2008	2009	2010	2011	2012	2013
Trimester:	1		2			3

I give permission for my contact details to be distributed to potential sponsors at the discretion of the USALSA committee **(please circle)**

YES NO

I give permission for my photo to be used in any print media or to appear on the USALSA website **(please circle)**

YES NO

In signing this form, I certify that I have read and agree to the conditions outlined in the USALSA Constitution, that the information provided is correct and that I understand this data may be collated and used by the association when necessary.

Signature:

Date: / /