



# GRAMBLING STATE UNIVERSITY

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## S.L.I. Student Leadership Initiative

### Membership Application

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

Mailing Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

GSU Email Address: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

GPA: \_\_\_\_\_

Classification: (ex. freshmen) \_\_\_\_\_

Organizations: \_\_\_\_\_

GSU G-Number: \_\_\_\_\_

Are you a previous member of SLI? (\_\_\_\_Yes) (\_\_\_\_No)

Signature: \_\_\_\_\_

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

*Please return the membership application to Room 214- Nursing Building*