



COLLEGES & UNIVERSITIES MEMBERSHIP APPLICATION

Date of Application: _____

Name of School: _____

School Address: _____

City: _____ State: _____ Zip: _____ County: _____

Main Phone: _____

Print and/or Digital Publication Name: _____

Advisor: _____

Advisor Phone: _____ Email Address: _____

Publication Address: _____

City: _____ State: _____ Zip: _____ County: _____

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