

**Southern State Community College  
Medical Assisting Student Organization  
MASO Membership Application**

Personal Information:

Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

SSCC Email \_\_\_\_\_ Personal Email \_\_\_\_\_

Student ID# \_\_\_\_\_ (NOT User Name ID)

Anticipated Graduation Date \_\_\_\_\_

I understand MASO is counting on me and plan to be an active participant in upcoming meetings, fundraisers and other MASO activities.

\_\_\_\_\_  
Printed Name Signature

Are you interested in participating in one of the organization committees? YES  NO

MARWeek   
Fundraising   
Public Education   
Events

Pink Tea   
T-Shirt

Are you interested in a leadership position as an officer? YES  NO

President   
Vice President   
Secretary   
Treasurer   
Student Relations   
Representative

Pink Tea Chair   
MARWeek Chair   
Public Relations Chair   
Fundraising Chair

Please write a brief essay telling why you would like to be considered for this position and what qualities you can bring to the position if chosen.

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You must hand deliver this form to Central Campus Room #182 by August 27<sup>th</sup>.