



2007 AIDS Quilt
Committee Member Application



Name: _____

Address: _____

Email: _____ Phone: _____

Major(s)/Minor(s): _____

Classification: _____ Expected Graduation Date: _____

Student Involvement/Campus & Community Activities:

What time commitments will you have this upcoming year?

Why do you want to be a member of the AIDS Quilt Committee? _____

Have you previously served on the AIDS Quilt Committee? _____

If so, when were you on the committee? _____

What events do you want to see the committee plan next year?

Other comments/suggestions:
