



Registration Form for a 1 academic school year SWIFT Membership

Last Name: _____ MI: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Home or Mobile Telephone: _____

E-mail address other than your Cal Poly e-mail address: _____

Sex: _____ Birth date: ___/___/_____ Class Status: _____

CIS Track (If Applicable): _____ Estimated Date of Graduation: _____

Are you interested in a SWIFT T-Shirt?

Yes

No

What is your preferred meeting time?

During the Daytime ()

During the Nighttime ()

Please indicate below your payment method, we accept personal checks or cash.

If paying by check, please make all checks payable to SWIFT

Payment Method: _____ Amount: _____

For E-board Use Only

E-board Members Signature: _____

Date Signed: ___/___/_____

Note: All forms must be verified by a current e-board member of SWIFT.