



## ELSE STUDENT COUNCIL FOR EXCEPTIONAL CHILDREN MEMBERSHIP APPLICATION

Complete this application form and submit hard copy to  
**DeeDee Cain Mashburn 150F**

Today's Date \_\_\_\_\_

### Contact Information:

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

UCA Student ID # \_\_\_\_\_

When were you admitted to the Teacher Ed Program?

(Semester admitted) \_\_\_\_\_

UCA Email \_\_\_\_\_

Address \_\_\_\_\_

City

Zip

Phone \_\_\_\_\_