



student
association of
graphic arts

SAGA MEMBERSHIP FORM

First Name: _____ Middle Initial: _____ Last Name: _____

Telephone: _____ Cell Phone: _____

UNLV Rebel Mail: _____ Contact Email: _____

UNLV Student L#: _____ Year (Fr, So, Jr, Sr): _____ Major: _____

Address: _____ Apt/Unit: _____

City: _____ State: _____ Zip: _____

thesaga.org Login Information

As an official member of SAGA, you will be granted access to www.thesaga.org as a registered user. Your user name and password will be sent in form of an activation letter to your contact e-mail account.

Desired User Name: _____

Secondary User Name: _____

SAGA Shirt: Medium Large X-Large

MEMBERSHIP DUES: \$20.00 Per Semester

Dues are to be collected with SAGA Membership Form. Dues will then be collected at the first SAGA meeting each following semester.

By signing this form, I agree to follow the by-laws set forth in the Student Association of Graphic Arts (SAGA) Constitution and agree to participate in SAGA meetings, projects and events unless prior notice is given.

Signature: _____ Date: ____/____/____

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|-------------------------------------|--|---|--|-------------------------|--|
| Dues Paid: <input type="checkbox"/> | | Dues Not Paid: <input type="checkbox"/> | | Officer Use Only | |
| Processed on: _____ | | Processed By: _____ | | Officer Position: _____ | |