

**KANSAS STATE UNIVERSITY
AGC STUDENT CHAPTER
MEMBERSHIP FORM**

NAME: _____ YR. IN PROGRAM: _____

EMAIL ADDRESS: _____

WHAT IS SOMETHING YOU WOULD LIKE TO SEE OUR AGC
CHAPTER DO THIS YEAR?

OTHER SUGGESTIONS:

Please return form and \$10.00 membership dues to the AGC box in
CNS Department Office or AGC Office: Seaton 226F during office
hours.