

TDA Membership Application

Name		Date		M	F
				Sex	
College Major		Classification			
College	Hours Taken During the Fall	Overall GPA	Plans After Graduation		
Mailing Address		City, ST ZIP Code			
Email					
Home Phone	Work Phone	Cell Phone			
I give permission to Project La Cena to use the above information for membership purposes.					
Member's Signature				Date	

Please e-mail or mail to:
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