

**Eastern Washington University
Masters in Social Work Student Association
Membership Form**

“The good we secure for ourselves is precarious and uncertain, is floating in mid-air, until it is secured for all of us and incorporated into our common life.” –Jane Addams

Name: _____ **Date:** _____

Year in Program: ___ First Year ___ Second Year

Preferred Location for Meetings: ___ Cheney ___ Riverpoint

Preferred Email Address: _____

Please Share Past Experiences with:

Leadership: _____

Community Service: _____

Outreach: _____

Ideas for Future Activities/Outreach/Service:

Please return to: Dr. Cindy Nover cnover@ewu.edu or Dr. Deborah Svoboda dsvoboda@ewu.edu

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