

Membership Code (Officer Use Only)	
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## **Beta Alpha Psi, Wellington Chapter Candidate Membership Application Form**

**First Name:**

**Last Name:**

**Preferred Name:**

**Student ID:**

**Date of Birth:**

**Gender:**

**Mobile:**

**Email:**

**What Degree are you pursuing?**

**Which year of the Degree are you in?**

**What is your major?**

**What is your Average Grade?**

**Where did you learn about BAP Wellington Chapter?**

**Would you want to be considered for Hardship Membership Fees Scholarship? Details about the scholarship are available at [www.vuwbp.co.nz/membership/scholarship](http://www.vuwbp.co.nz/membership/scholarship).**

**If you answered yes to the question above, please provide a supporting statement on why you should be considered for this Scholarship.**

I, \_\_\_\_\_, hereby apply to become a member of the Beta Alpha Psi. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force.

Signature:

Date: