

Southern State Community College
Medical Assisting Student Organization
MASO Volunteer Membership Application

Personal Information:

First Name _____ Last Name _____

Address _____

City _____ Zip Code _____

Phone Number _____ Cell Number _____

SSCC Email _____ Personal Email _____

Student ID# _____ (NOT User Name ID)

Anticipated Graduation Date _____

I understand MASO is counting on me to participate in and plan to be an active member participating in upcoming meetings, fundraisers and other MASO activities.

Printed Name

Signature

Are you interested in participating in one of the organization committees: YES No

MAST Week
Fundraising
Public Education
Events

Pink Tea
Tee Shirt
Website

Are you interested in a leadership position as an officer: YES No

President
Vice President
Secretary
Treasurer

Pink Tea Chair
MAST Week Chair
Public Relations Chair
Fundraising Chair

Please write a brief essay telling why you would like to be considered for this position and what qualities you can bring to the position if chosen.

A letter of recommendation from a faculty or staff member must be presented with this application to be considered. You must hand deliver this form to Central Campus Room #180 by August 24th.