2016-2017 Membership Application

CAB Member Expectations

All CAB members are expected to:

• Work on a committee (a group organized to plan different types of events), that will be assigned based on the needs of the organization

• Assist with the organization, planning and implementation of CAB activities and events

Membership Requirements

1) Must be a registered student, holding a minimum of 3 credit hours per semester

2) Must be in good standing with the University of Houston-Clear Lake

3) Attend a minimum of 50% of all scheduled CAB meetings

4) Be an active, committed member to your committee and the group as a whole

Help build and promote campus activities at UHCL!

Any student who needs an accommodation for a disability in order to complete the council application should contact the Student Life Office at 281-283-2560 to make arrangements for the accommodation.
Please print neatly or type. CAB members will receive a copy of your application; you will want to make a good impression.

First Name__________________________ MI ________ Last Name_______________________________________

Student Status: ___ Full-time ___ Part-time Undergraduate_____ Graduate_____ Graduation Date ______________

Category: ___ Freshmen ___ Sophomore ___ Junior ___ Senior ___ Graduate

Phone (Day) __________________________________________ (Evening) ________________________________

E-mail Address ______________________________________ T-Shirt Size _________________________

Please complete the following information. Short answers only please and no attachments.

What skills do you have to contribute to the Campus Activities Board?
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

What are some new ideas or changes you would like to suggest to the Campus Activities Board?
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

Please briefly list previous work, involvement and/or volunteer experience.
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

I AGREE TO THE REQUIREMENTS LIST IN THIS PACKET. BY COMPLETING THE INFORMATION ON THE REVERSE SIDE OF THIS APPLICATION, I ALSO AGREE TO ALLOW THE STUDENT LIFE OFFICE TO REVIEW MY UNIVERSITY STANDING.

Signature ___________________________ Date ___________________________
The following information is required to apply for the CAB membership. Only the CAB Advisor will see this information.

Student ID Number ______________________ (Required to verify UHCL enrollment and academic standing)

Address ______________________________________________________________________________________________________
Street ______________________________________________________________________________________________________
City ______________________________________________________________________________________________________
State ______________________________________________________________________________________________________
Zip ______________________________________________________________________________________________________

Please fill out again. The CAB membership will not see this side of the form, but will need your contact information.

Phone (Day) _______________________________________________ (Evening) _______________________________________________

E-mail Address _________________________________________________________________________________________________

Please read and initial the following:

___ If I am selected I will commit time, effort, and my teamwork skills to represent the mission and goals of the CAB.

___ If I am selected I will be in contact regularly with the CAB Executive Board and the other members of the CAB membership including the CAB advisor.

___ If I am selected I will strive to attend all meetings and other related CAB activities and events as noted in the application and the CAB constitution.

___ If I am unable to perform my membership duties I will be given notice and properly removed according to the CAB constitution.