



STUDENT MEMBERSHIP APPLICATION

Email: mla@uwf.edu

Website: www.uwf.edu/mla

ArgoPulse: <https://uwf.collegiatelink.net/organization/mla>

Applicant Information

Name: _____

Address: _____

Phone: _____

UWF Email: _____

Major/Minor: _____

Expected Graduation Date: _____

Drop off completed applications and payments to Barbara Partrick in Bldg 53 Room 132

Office Use Only:

Payment Method: Check Cash

Amount Collected: \$ _____

Amount Due: \$ _____

Initials: _____ Date: _____