Voting Membership Self-Request Form

Please fill in the form and either hand it in in person or scan it and send it to financeadmin@scesoc.ca.

Name: _____
Student Number: _____
Program and Year: _____
E-mail address: _____
Date: _____

How have you been involved within the SCE (Systems and Computer Engineering) department, and with SCESoc?

How will you, as a voting member of SCESoc, further the society's goals of promoting interest in systems and computer related fields and applications, and promote professional excellence amongst other members?

_____ _____
Name Date

_____ _____
Name Date

The signatures of two (2) SCESoc voting members are required for your application to be considered.