



DePaul Student Finance Association Membership Application

Contact Information: Today's Date: _____

Name: _____ DePaul ID Number: _____

Date of Birth (MM/DD/YYYY): _____/_____/_____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

E-mail Address: _____

School Information:

Grade Level: Freshman Sophomore Junior Senior

Expected Graduation: _____

Major(s): _____

Minor(s): _____

Cumulative GPA: _____

Minimum GPA requirement: You must have a minimum cumulative GPA of 3.20 at the time of registration.

NOTE: The information provided on this application will be used to order business cards. Please be sure to provide a professional email address.

Membership Dues: The cost of membership for the academic year [September through June] is **\$30**

Payment: Please enclose a check payable to the DePaul Student Finance Association and return by mail or in person to:

Student Finance Association
DePaul University
Department of Finance, Suite 5500
1 E. Jackson Blvd.
Chicago IL, 60604
E-mail: depaulsfa@gmail.com
On the Web : www.sfadepaul.com

FOR OFFICE USE ONLY:

Date Received: _____ Payment form (Cash or Check): _____

Date of Check Processed: _____ Name of Processor: _____