



WEST COAST UNIVERSITY LOS ANGELES ACTIVE MEMBER SHEET

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SCHOOL EMAIL _____

EXPECTED GRADUATION DATE
(IF CHANGED PLEASE UPDATE IT) _____

TERM SHEET WAS COMPLETED _____

NSNA ID # _____ EXPIRATION DATE OF ID # _____

EVENT _____ DATE _____ APPROVED BY _____

EVENT _____ DATE _____ APPROVED BY _____

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RECEIVED BY: _____ DATE RECEIVED: _____ DATE RECORDED: _____