



**ST. JOHN'S
UNIVERSITY**

Student Alumni Association

Application

Personal Information

Name: _____ X #: _____

Primary Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Preferred E-mail: _____

Major: _____ School/College: _____

Date of Graduation: _____ Campus: _____ Grade Point Average: _____

Activities/Employment (include clubs, societies, sports, student government, etc.)

On-Campus Activities: _____

Off-Campus Activities: _____

Place of Employment: _____ Title: _____

Brief Job Description: _____

How did you hear about the SAA: _____

Do you know any other SAA members: _____

Statement (provide a brief statement on why you are interested in participating in the SAA)
