



UCLA Biomedical Engineering Society Member Information Form

Please complete and return this form to:

Apryll Chin, 5121 Engineering V

Henry Samueli School of Engineering and Applied Sciences, UCLA, Los Angeles, CA 90095-1600

Attn: Biomedical Engineering Society

To help us provide you with the best services, please fill out this form as accurately and completely as possible.

Name: _____
(Last) (First) (Middle Initial)

Phone: _____

Email: _____ Include me on mailing list (check): Yes

Field of Study: _____ Year (circle one): UG GRAD 1 2 3 4 5

Current Address: _____

(City) (State) (Zip Code)

Career Goal (circle one): Industry Medical School Academia Business

Other (specify) _____

I am interested in the following activities/services (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> High profile seminar | <input type="checkbox"/> Barbecue |
| <input type="checkbox"/> Lecture series | <input type="checkbox"/> Movie night |
| <input type="checkbox"/> Student presentation/competition | <input type="checkbox"/> Ski trip |
| <input type="checkbox"/> Field trips to companies | <input type="checkbox"/> Beer Bust |
| <input type="checkbox"/> Corporate dinner/luncheon | <input type="checkbox"/> Party |
| <input type="checkbox"/> Tutoring (if yes, are you willing to be
Tutor? _____
Subjects? _____) | <input type="checkbox"/> Beach outing |
| | <input type="checkbox"/> Joint event with other organizations |
| | Others: _____ |
| | _____ |
| | _____ |

Leadership experience: _____ Please add me to the following committee(s):

- Please check : Publicity Social Activities Website Corporate Outreach
 Online Newsletter

Hobbies (list all): _____

Suggestions: _____

For Office Use Only

Date Application Submitted: _____

Received by: _____