



# College/University Affiliation Application

## Institution and Liaison Information

Name of School/College/University \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Faculty Adviser/ Liaison to BMA-Milwaukee: \_\_\_\_\_  
Name

Title: \_\_\_\_\_ Years Teaching: \_\_\_\_\_

Department or Area of Specialty: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a current member of BMA-Milwaukee?    Yes    No

## Student Organization Information

Please describe student organization to be affiliated with BMA-Milwaukee.

Name of Student Group: \_\_\_\_\_

Average Number of Members per Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_

List student officer positions: \_\_\_\_\_

\_\_\_\_\_

Describe the goals, objectives and activities of the student organization:





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Do you hold official affiliation with any other professional organizations (AMA, PRSSA, AdWorkers, Ad2, etc.)? If so, please list:

Please write below or attach a short narrative explaining: (1) Your reasons for wanting to become an affiliate with BMA-Milwaukee; (2) What you hope to achieve for the students; and (3) What the students, you (the Faculty Advisor) and your organization will bring to a partnership with BMA-Milwaukee.

*The information I have provided on this application is accurate and correct to the best of my knowledge. I understand that any omission (including any misstatement) of material fact on this application may be grounds for rejection of application.*

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Signature

Date

