

State Student Representative Application



Name _____

Institution _____

Academic Standing FR SO JR SR GRAD

Email _____

Campus Address _____

Permanent Address _____

Home Phone _____

Work Phone _____

Related Work Experience — Scope of work: (select all which apply)

Aquatics Facilities Fitness Group Exercise

Intramurals Marketing Programming Outdoors Sport Clubs

Other _____

Current Position _____

Job Description _____

NIRSA Membership Yes No

How many years? _____

How would you develop NIRSA programs at your institution?

Thank you for expressing interest in becoming a leader in the NIRSA.

Contact your Regional Student Representative for further instructions.