**AUXILIARY MEMBERSHIP APPLICATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Current Class Standing (circle): Fr. / So. / Jr. / Sr. Graduation Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Living Location: On Campus / Off Campus If On-Campus, Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAST EXPERIENCE**

Please provide any current or past on-campus extracurricular activities:

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Please provide any current or past on-campus work experience:

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Please provide any additional extracurricular activities or work experience not listed above:

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Please provide any licenses or certifications you hold, with license numbers and expiration:

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What are your academic and career goals?

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Why do you want to be an auxiliary member of WEMS?

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Do you plan to enroll in the WEMS EMR certification program at any time in the future?

* Yes
* No

Did someone refer you to participate in WEMS?

* Yes (*please specify who*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit this application to wemsdirector@willamette.edu.