



BETA ALPHA PSI
Associate Application
Fall 2021

Name _____ UH ID# _____
Last First MI

Mailing Address _____
Street Apt. City/State ZIP

Cell Phone _____ Home Phone _____ Dorm/Other Phone _____

Date of Birth _____ High School Attended _____

UH Email address _____ Personal Email address _____

T-Shirt Size (circle one) Small Medium Large XL

Declared Accounting Major? Yes No

Full-time Student? Yes No

Expected Semester of Graduation _____
Term Year

What are some goals you want to achieve by joining B.A.P.?
