

LSU Speech & Debate Team
Membership Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

DOB: _____

E-mail Address: _____

LSUID Number: _____

Classification: _____

Major(s): _____ Minors(s): _____

In case of emergency contact: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

E-mail Address: _____

Preferred Pronoun Usage: _____

Any None Medical Conditions (including allergies)?

Previous Speech/Debate experience? If so, where?

Type of Membership: Active Membership General Membership

How did you hear about the LSU Speech and Debate Team?

Class Announcement Departmental Website High School Experience

Classmate/Friend E-mail Announcement Collegiate Link site

Social Media Flyer/ Advertisement Other: _____

NOTE: An unofficial copy of your most recent transcripts is needed to verify eligibility.