

# **LGTA CAMPUS CLUB JOIN FORM**

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Full Name: \_\_\_\_\_

Student Registration Number: \_\_\_\_\_

Course & Year of Study: \_\_\_\_\_

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

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

Club Name to Join: \_\_\_\_\_

Reason for Joining: \_\_\_\_\_

Previous Experience (if any): \_\_\_\_\_

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

Approval (Club Leader): \_\_\_\_\_