Requirements for membership:

- Attended Arkansas Tech University
- Graduated within the last 10 years
- Attend quarterly meetings
- Serve a 3 year term beginning in January

Applications are due by December 1st to:

Arkansas Tech Alumni Office
1313 N. Arkansas Ave.
Russellville, AR 72801

If accepted, you will be notified by December 15th before the term would begin in January. If at any time you can no longer fulfill your duties, please contact the Alumni Office.

For more information please contact, Alison Parks Taylor, Coordinator of Young Alumni & Student Philanthropy, at ataylor40@atu.edu or 479-968-0436.
YOUNG ALUMNI ADVISORY BOARD APPLICATION

NAME: ________________________________ GRADUATION YEAR: __________________

ADDRESS: ________________________________________________________________

EMAIL: ________________________________________________________________

PHONE NUMBER(S): ______________________________________________________

EMPLOYMENT: ____________________________________________________________

MAJOR & DEGREE AWARDED: ______________________________________________

STUDENT INVOLVEMENT (LIST YEARS): ______________________________________

________________________________________________________________________

WHY DO YOU WANT TO BE ON THE YOUNG ALUMNI ADVISORY BOARD?

________________________________________________________________________

________________________________________________________________________

PLEASE LIST IDEAS FOR WAYS TO GET YOUNG ALUMNI MORE INVOLVED:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

ARE YOU CURRENTLY INVOLVED WITH ARKANSAS TECH IN ANY WAY?

________________________________________________________________________

________________________________________________________________________

I UNDERSTAND THAT WILL BE ASKED TO ATTEND QUARTERLY MEETINGS AND HAVE ANSWERED THE ABOVE QUESTIONS TO THE BEST OF MY ABILITY.

SIGNED: ___________________________ DATE: ___________________________