



# Maryland Student Legislature

## Annual Membership Registration Form

**Instructions:** Complete and return to your Delegation Chairperson, for submission to the Secretary of State before your first MSL event.

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

Delegation: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

School Mailing Address: \_\_\_\_\_

School Phone: (\_\_\_\_) \_\_\_\_\_ School Email Address: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Nondisclosure Statement:** The Maryland Student Legislature, Inc. shall not cause the public release of any personal security information submitted by individuals and/or maintained by the Maryland Student Legislature, Inc. to include identification numbers, personal contact information and identifying personal information but not including individual's name. The Maryland Student Legislature, Inc. may use non-identifying individual information for corporate purposes only.