

DSTA Application

Drury Student Teacher Association

Name: _____

Drury Student ID: _____

Drury email address: _____

Major: _____

Year: FR SO JR SR Graduate

Please list past leadership experiences:

Goals DSTA can help you achieve:

Are you interested in serving as an officer? yes no

Annual Dues: \$10 Paid by check (ck# _____) Paid by cash

Please make checks payable to: DSTA

Campus Advisors: Dr. Ginney Norton & Dr. Natalie Precise

Turn in completed form and annual dues to the SECD office – 1st floor Lay Hall.