Texas A&M University at Galveston

Intramural Sports Council Membership Application

Name _______________________________ Semester Applying For: ____________

E-mail_________________________________ Mobile Phone _______________________

Fr___ So___ Jr ___ Sr ___ Grad___ Major __________ Graduation Date _________

Intramural Participation:_______________________________________________________

________________________________________________________

Campus and Student Organization Involvement:_______________________________

________________________________________________________

Why is the Intramural Sports Program important to students?_____________________

________________________________________________________

What one item would you most like to change/improve about the Intramural Sports Program and why? _________________________________

________________________________________________________

References: Campus___________________________ Phone Number ________________________

Other _____________________________ Phone Number ________________________

Applicant's Signature __________________________ Date ____________

Membership Criteria
1) At least Sophomore standing
2) Prior participation in the Intramural Program
3) Availability to meet once per month, or as needed