TLASDC 2025-26 PROSPECTIVE MEMBER INTEREST FORM

(To be completed by the applicant. Submit to sponsoring member who will forward to VP Membership at tlasdcmembership@gmail.com by March 1st)

Date:			
Title: First Name:	Last Na	ame:	Middle (optional) :
Maiden name:	Date of birth (MN	M/DD/YYYY):	
Mailing Address/City/State/Zip:			
Street Address/City/State/Zip (if differen	nt):		
Email:			
Preferred Phone:	Home C	Cell Work	
Phone #2 (optional):	Home C	Cell Work	
Spouse/Partner: TitleFirst Nan	ne:	Last Nam	e:
Children (name, age):			
Occupation/Title and Employer (if curred Past Employment (if any): USC Alum? Yes No College(s) Attended:			
Family members who attend/attende Membership in other USC support gi	d USC, if any (indicate re	····	ox. dates
Non-USC Community Activities and o		Itural, educational, ons held, role, w/ap	

Fraternity affiliations (including honoraries):	<u>-</u>
How did you hear about Trojan League? (If from a member, please list name(s))	_
What skill sets would you bring to support TLASDC efforts to provide scholarships to worthy USC stude and to promote the University within San Diego?	ıts —
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Questions about this form? Please email us at tlasdcmembership@gmail.com.