

# Application Saskatoon Social Work Student Society (SWSS)

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

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

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

Phone Number: \_\_\_\_\_

## Role of Interest

1st Choice: \_\_\_\_\_

2nd Choice: \_\_\_\_\_

Please view the Constitution for a detailed role description.

<https://www.uregina.ca/socialwork/assets/docs/pdf/Saskatoon-SWSS-constitution-2021.pdf>

\_\_\_\_\_  
Signature:

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