

**ENTRY FORM FOR NEW COLUMBIA MEMBERS**  
(please print or type *all* information requested)

SEMINAR NAME : \_\_\_\_\_

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1. FULL NAME: \_\_\_\_\_

\*SOCIAL SECURITY NUMBER: \_\_\_\_\_

POSITION ON FACULTY/STAFF: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

BUILDING/ROOM #: \_\_\_\_\_

MAIL CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE(S): \_\_\_\_\_

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2. FULL NAME: \_\_\_\_\_

\*SOCIAL SECURITY NUMBER: \_\_\_\_\_

POSITION ON FACULTY/STAFF: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

BUILDING/ROOM #: \_\_\_\_\_

MAIL CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE(S): \_\_\_\_\_

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3. FULL NAME: \_\_\_\_\_

\*SOCIAL SECURITY NUMBER: \_\_\_\_\_

POSITION ON FACULTY/STAFF: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

BUILDING/ROOM #: \_\_\_\_\_

MAIL CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE(S): \_\_\_\_\_

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*\* Social Security Number is used for record keeping only. If not provided, an ID number will be assigned.*

APPROVED BY: \_\_\_\_\_  
SIGNATURE OF CHAIR DATE