

**ELECTED STUDENT OFFICER OF THE SCHOOL PLEASE PRINT AND SIGN
WHERE APPROPRIATE SIGNATURES - FROM FACULTY NOT VALID.**

Name: _____
(print)

Title: _____

Name: _____
(signature)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Date Sent: _____

Telephone Number: (____) _____

Advisor Name: _____

Advisor Telephone Number: (____) _____

Campus: _____

**THIS APPLICATION MUST BE SENT TO THE TNSA HEADQUARTERS NO
LATER THAN JANUARY 2, 2017.**

**P. O. BOX 763877
DALLAS, TEXAS 75376
972/435-2216 (TELEPHONE)
972/435-2216 (FAX-CALL FIRST)
tnsa@flash.net (E-MAIL)**