

SPONSOR MEMBERSHIP FORM

Colombian Student Association



First name: _____ Last name: _____

Major: _____ Date of Birth: _____

City/Country of Citizenship _____ Phone number: _____

E-mail: _____

Sponsorship Term

Fall \$30 ()

Spring \$30 ()

Both \$50 ()

Add in Program Half Page \$80 ()

Full Page \$160 ()

Amount Paid _____ Date _____

Mail check payable to COLSA and sent to Yoana Walschap, COLSA Advisor
University of Oklahoma, Sarkeys Energy Center, 100 E. Boyd, Room 510, Norman, OK 72019

Events Comments/Suggestions _____