



Membership Enrollment Form

Cal State LA Entrepreneurship Organization

College of Business and Economics

5151 State University Drive U-SU 201

Los Angeles, CA 90032

www.eccocsula@gmail.com

Membership Information

(Please **PRINT** Clearly)

First Name:	Last Name:
Email:	CIN:
Major:	Phone Number:

Expected Graduation Year: _____

Why do you want to join ECCO?

What can ECCO do to make your membership more valuable?

Select Membership Term:

- Student Fee - \$100
- Non-Student Fee - \$350

Shirt Size: S M L XL XXL

Signature

Date

For ECCO USE ONLY

Date of Receipt:	Receipt #:	Approved Signature:
Check # (Write cash is payment was cash):	Received By:	