MEMBERSHIP APPLICATION

Applicant Information:

Name: ____________________________________________________________

Title / Department: _______________________________________________

Campus Address: __________________________________________________

Phone:______________________ OHIO Email: ___________________________

OHIO Campus assignment:

☐ Athens  ☐ Chillicothe  ☐ Cleveland  ☐ Dublin  ☐ Eastern  ☐ Lancaster
    ☐ Pickerington  ☐ Proctorville  ☐ Southern  ☐ Zanesville

Supervisor’s Name: _______________________________________________

Please Indicate Length of Desired Membership (Check only one):

☐ Three Year Membership
☐ Two Year Membership
☐ One Year Membership

Statement of Rationale:
Tell us about yourself, the type of work you do at Ohio University, and any special skills/talents you have.

Why do you want to become a member on Senate?

How will becoming a member on Senate help you reach your goals at Ohio University?
Classified Senate members can expect to dedicate 3-5 hours per month and Executive members can expect to dedicate 10-15 hours per minimum. *(For reference, please refer to Ohio University Policy 41.134: Professional Development for Classified Employees)*

I agree to fully participate in Classified Senate meetings and activities and become a strong advocate on behalf of classified staff.

**Employee’s Signature:** ____________________________________________________________

In the interest of shared governance at Ohio University, I support my employee’s involvement in all meetings and activities as a member of Classified Senate.

**Supervisor’s Signature:** __________________________________________________________

**Please submit completed application to:**

Amanda Graham  
Chair, Classified Senate  
310 Cutler Hall  
grahama4@ohio.edu  
740.593.2614