

Epsilon Sigma Alpha
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Collegiate Membership Application

Join Epsilon Sigma Alpha today... and make a difference.

I wish to join a specific chapter (include name and number): _____

Contact Information:

Name: _____ Estimated Graduation Date: _____

First MI Last Month/Year

Current major: _____ Date of Birth: _____

Campus Address: _____ Estimated Graduation Date: _____

City/State/Zip: _____ E-mail: _____

Campus Phone: _____ Cell Phone: _____

Post-graduation/Parents Address: _____

City/State/Zip: _____ E-mail: _____

Phone: _____ Cell Phone: _____

Sponsor Information:

Sponsor's Name: _____

Sponsor's Member Number: _____ Sponsor's Chapter Name and Number: _____

Acceptance Pledge:

I accept this invitation to become a member of Epsilon Sigma Alpha International. I pledge to observe and abide by the tenets of the organization and further agree to support the objectives and ideals in the current ideals book. Annual dues will be due each year on my anniversary date.

Signature: _____ Date: _____

Reason for Joining (please pick all that apply):

Philanthropic Friendship Education Opportunity Self-Improvement Other: _____

Membership Fees: \$69 membership fees (including first year dues) are non-refundable.

Payment Information (check only one)

Enclosed check for \$ 69 (payable to EΣA). Charge my Visa MasterCard Discover for \$ 69

Card Number: _____ Expiration Date: _____ Security Code: _____

Name on card: _____ Signature: _____