



# Collegiate Membership Application

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

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

Chapter Name/Chapter Number \_\_\_\_\_

## Personal Information

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Sponsor Information (if applicable)

Sponsor's Name: \_\_\_\_\_

Sponsor's Member Number: \_\_\_\_\_ Sponsor's Chapter 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 \_\_\_\_\_

## Membership Fees

Please remit \$69

Enclosed check for \$69 payable to ESA

Charge \$69 to my (please circle) VISA MasterCard Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail to: ESA Headquarters, 363 W. Drake Road, Fort Collins, Colorado 80526