



Reinstatement of Membership Application

Use this form if you have been a member of ESA in the past and are reinstating your membership to active member status.

Type of Membership:

- Community member Collegiate member
- (Optional) I wish to join a specific chapter (chapter name and number here) _____
-

Personal Information:

Name: _____ Sex: _____

Address: _____

City/State/Zip: _____

E-mail: _____ Birthdate: _____

Home Phone: _____ Cell Phone: _____

Name under previous membership: _____

Previous Member Number: _____ Years of Active Service: _____

Previous Chapter Name/Number: _____

Pledge Date: _____ Date of Inactive Status: _____

Membership Fees:

Please remit your annual dues of \$45.00 Senior discount: Members over age 65 who provide birthday information are eligible to reactivate at the senior renewal rate of \$39.00.

- I am younger than 65 years old submitting \$45.00 dues
- OR
- I am at least 65 years old submitting \$39.00 senior discount dues
- My birth Date (required for senior dues: dd/mm/yyyy): _____
- I have enclosed my check payable to ESA
- OR
- Charge 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