

# Epsilon Sigma Alpha

INTERNATIONAL®

## MEMBERSHIP APPLICATION

Please print. All information is necessary to process this application.

Headquarters' Use Only

### TYPE OF MEMBERSHIP (check only one – see other side for descriptions)

**Traditional** (minimum age 18)       **Collegiate** (minimum age 18)       **Legacy** (minimum age 18)

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

### PERSONAL INFORMATION

Name \_\_\_\_\_

First

MI

Last

Address \_\_\_\_\_

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

Occupation (if applicable) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Campus Phone \_\_\_\_\_

Email \_\_\_\_\_ Spouse (if applicable) \_\_\_\_\_

### SPONSOR INFORMATION

Sponsor's Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Sponsor's Member Number \_\_\_\_\_ Sponsor's Chapter Name and Number \_\_\_\_\_

(Note: for record keeping purposes, sponsor must provide correct member number.)

Sponsor's Email \_\_\_\_\_

### COLLEGIATE ONLY

Parent/Guardian Address \_\_\_\_\_

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

### REASON I JOINED (check all that apply)

Philanthropic       Education Opportunity       Other \_\_\_\_\_

Friendship       Self-Improvement \_\_\_\_\_

### MAILING LABEL

Attention Member and Sponsor: To ensure this member receives the correct membership materials, please complete the following mailing label for the person to whom these materials

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip \_\_\_\_\_

### 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 \_\_\_\_\_

(over)

**MEMBERSHIP FEES** Membership fees are non-refundable. (check only one)

- Traditional** at \$69.00/membership and first year dues  
 **Collegiate** at \$69.00/membership and first year dues  
 **Legacy** at \$15.00/membership and first year dues  
 **Legacy** at \$45.00/membership and two year's dues

**PAYMENT INFORMATION** (check only one)

- Enclosed is a personal check or money order for \$ \_\_\_\_\_ made payable to ESA.  
 Please charge my  Visa  MasterCard  Discover for \$ \_\_\_\_\_.

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Security Code (the three digits that appear on the authorized signature panel on the back of the card) \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**MEMBERSHIP TYPES**

**Traditional:** Share in the most traditional form of ESA membership. Since 1929, ESA's traditional/community chapter members have used their vast support network of local chapters to excel in community education, service and philanthropy. Their "hands-on" endeavors provide more than 650,000 direct service hours and over \$10 million for charitable causes each year.

**Collegiate:** Develop your résumé as you share your interests in service and volunteerism as a part of your college experience. ESA collegiate membership is available on participating campuses across the nation. On college campuses that have not yet colonized an ESA chapter, there are opportunities for interested individuals to assist in the colonization process.

**Legacy:** This membership is available to close family relatives of existing ESA members, including children, parents, grandchildren, grandparents, aunts, cousins, etc. It is applicable for those who are able to become chapter members or those who need to begin their ESA experience as a member-at-large.



Please return completed application with payment to:

**ESA Headquarters**

363 West Drake Road, Ft. Collins, CO 80526

970-223-2824 • Fax 970-223-4456 • [www.esaintl.com](http://www.esaintl.com)

