



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