



New Chapter Installation Report Form

Please complete this form and submit with all membership documents (new member applications, transfer and/or reinstatement forms) and applicable membership fees in order to receive your new chapter charter. Once the above have been received at ESA Headquarters, your chapter charter plus membership pins and new member packets (for all first time new members) will be mailed. Please allow 2 weeks for processing and mailing.

New Chapter Information:

Chapter name: _____
(Chapter names are comprised of 2 Greek letters... i.e. Alpha Gamma. You may not select a name that belongs to another active ESA chapter in your state. To confirm availability of your chosen name, contact membership@epsilonsigmaalpha.org)

Date: _____

Charter city and state as you wish it to appear on your charter:

(List college name if collegiate) _____

District/Zone (if applicable) _____

Sponsorship Information:

Sponsorship information is used for recognition and awards as well as chapter records. The sponsor should be the person(s) or entity (chapter or council) responsible for the establishment of the new chapter. Up to 3 individuals may share sponsor credit or one entity may be listed. Sponsorship information is NOT required and may be left blank but may not be credited retroactively after the charter is issued.

Member Name: _____ Member Number: _____

Member Name: _____ Member Number: _____

Member Name: _____ Member Number: _____

OR

Entity Name (chapter, district, or state council are acceptable):

Send charter and other new chapter materials to:

Name: _____

Address: _____

City/State/Zip: _____

Chapter Officers:

Please include member numbers for any members who joined ESA for the first time at a previous date and are transferring or reinstating their membership into the new chapter. Members joining for the first time will be assigned a member number as the chapter charter is issued.

*Indicates a required office

President*

Name: _____ Member Number: _____

Address : _____ City/State/Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____

Membership fees enclosed for this member \$ _____ (if applicable)

Vice President*

Name: _____ Member Number: _____

Address : _____ City/State/Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____

Membership fees enclosed for this member \$ _____ (if applicable)

Treasurer*

Name: _____ Member Number: _____

Address : _____ City/State/Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____

Membership fees enclosed for this member \$ _____ (if applicable)

Recording Secretary

Name: _____ Member Number: _____

Address : _____ City/State/Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____

Membership fees enclosed for this member \$ _____ (if applicable)

Corresponding Secretary

Name: _____ Member Number: _____

Address : _____ City/State/Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____

Membership fees enclosed for this member \$ _____ (if applicable)

Educational Director

Name: _____ Member Number: _____

Address : _____ City/State/Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____

Membership fees enclosed for this member \$ _____ (if applicable)

Other Chapter Member

Name: _____ Member Number: _____

Address : _____ City/State/Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail: _____

Membership fees enclosed for this member \$ _____ (if applicable)

Other Chapter Member

Name: _____ Member Number: _____

Address : _____ City/State/Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail: _____

Membership fees enclosed for this member \$ _____ (if applicable)

Other Chapter Member

Name: _____ Member Number: _____

Address : _____ City/State/Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail: _____

Membership fees enclosed for this member \$ _____ (if applicable)

Other Chapter Member

Name: _____ Member Number: _____

Address : _____ City/State/Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail: _____

Membership fees enclosed for this member \$ _____ (if applicable)

Other Chapter Member

Name: _____ Member Number: _____

Address : _____ City/State/Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail: _____

Membership fees enclosed for this member \$ _____ (if applicable)

Other Chapter Member

Name: _____ Member Number: _____

Address : _____ City/State/Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail: _____

Membership fees enclosed for this member \$ _____ (if applicable)

Other Chapter Member

Name: _____ Member Number: _____
Address : _____ City/State/Zip: _____
Home Phone: (_____) _____ Cell Phone: (_____) _____
E-mail: _____
Membership fees enclosed for this member \$ _____ (if applicable)

Other Chapter Member

Name: _____ Member Number: _____
Address : _____ City/State/Zip: _____
Home Phone: (_____) _____ Cell Phone: (_____) _____
E-mail: _____
Membership fees enclosed for this member \$ _____ (if applicable)

Other Chapter Member

Name: _____ Member Number: _____
Address : _____ City/State/Zip: _____
Home Phone: (_____) _____ Cell Phone: (_____) _____
E-mail: _____
Membership fees enclosed for this member \$ _____ (if applicable)

Other Chapter Member

Name: _____ Member Number: _____
Address : _____ City/State/Zip: _____
Home Phone: (_____) _____ Cell Phone: (_____) _____
E-mail: _____
Membership fees enclosed for this member \$ _____ (if applicable)

Other Chapter Member

Name: _____ Member Number: _____
Address : _____ City/State/Zip: _____
Home Phone: (_____) _____ Cell Phone: (_____) _____
E-mail: _____
Membership fees enclosed for this member \$ _____ (if applicable)

Other Chapter Member

Name: _____ Member Number: _____
Address : _____ City/State/Zip: _____
Home Phone: (_____) _____ Cell Phone: (_____) _____
E-mail: _____
Membership fees enclosed for this member \$ _____ (if applicable)

Please list any additional members on an extra sheet.