

# Honor Society

\_\_\_\_\_ hereby makes application for membership in ESA's Honor Society \_\_\_\_\_  
 Chapter Name & No. Date

\_\_\_\_\_ Chapter President's Name

**Doric Order**

<b>1</b>	Membership in <input type="checkbox"/> State Council <input type="checkbox"/> International Council			
<b>2</b>	Social Theme or Title		Guest's Name	
	Guest's Name		Guest's Name	
<b>3</b>	Philanthropic Project or Theme		Who Benefits	Amt. Raised \$
				No. of Hrs.
<b>4</b>	1 <sup>st</sup> Pearl Achiever's Name		Member No.	Affidavit Sent to Headquarters <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5</b>	10% Membership Growth	Beginning Count as of June 1	No. of New Members	Ending Count
				% of Growth
<b>6</b>	Recommended Friends Name – 10 R A F Names Sent to HQ <input type="checkbox"/> Yes <input type="checkbox"/> No			Attach List To Form

**Ionic Order**

<b>1</b>	Are All Requirements for Doric Order Met <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>2</b>	Educational Theme or Title		Guest's Name	Guest's Name
	Guest's Name	Guest's Name	Guest's Name	Guest's Name
<b>3</b>	Ways & Means Project Name		Who Benefits	Amt. Raised \$
<b>4</b>	Event Attended <input type="checkbox"/> I.C. Conv. <input type="checkbox"/> St. Leadership <input type="checkbox"/> State Conv.	Member's Name	Member's Name	
<b>5</b>	20% Membership Growth	Beginning Count as of June 1	No. of New Members	Ending Count
				% of Growth

**Corinthian Order**

<b>1</b>	Are All Requirements for Doric met <input type="checkbox"/> Yes <input type="checkbox"/> No		Ionic Order Met <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2</b>	Chapter Registered with Chamber of Commerce <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>3</b>	Chapter Publicity	ESA Week by Local Mayor Date:	Chapter Coverage Date:	Jonquil Article Date
<b>4</b>	State Meeting "Other"		Event	
	Member Attending	Event	Member Attending	Event
<b>5</b>	Member serving Office Above Chapter Level		List Office Held	
<b>6</b>	Sister Chapter	Chapter Name	No.	Charter Date
				List Chapter Members Attached <input type="checkbox"/> Yes <input type="checkbox"/> No

**SEE "DIRECTIONS" ON PREVIOUS PAGE ON HOW TO FILL IN THIS FORM.**