

Epsilon Sigma Alpha
363 West Drake Road
Fort Collins, CO 80526

970.223.2824
fax: 970.223.4456
www.esaintl.com

Membership Application

Please return completed application with payment to
ESA Headquarters at the address above.

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: _____

Cell Phone: _____

E-mail: _____ Spouse (if applicable): _____

Sponsor Information:

Sponsor's Name: _____ Relationship to Member: _____

Sponsor's Member Number: _____ Sponsor's Chapter Name and Number: _____

Sponsor's E-mail: _____

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 should be sent.

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.

Name: _____

Address: _____

City/State/Zip: _____

Signature: _____

Date: _____

Collegiate Only:

Parent/Guardian Address: _____

City/State/Zip: _____

Reason I Joined (please pick all that apply):

Philanthropic Friendship Education Opportunity Self-Improvement

Other: _____

Membership Fees: membership fees are non-refundable. (check only one)

Traditional at \$69/membership and first year dues

Collegiate at \$69/membership and first year dues

Legacy at \$15/membership and first year dues

Legacy at \$45/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 _____ Expiration 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 \$12 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 will become chapter members or those who need to begin their ESA experience as a Member-at-Large.