Epsilon Sigma Alpha
INTERNATIONAL®

Outstanding Member Form

Outstanding Member Name: _____

Chapter Name _____ Number_____

Chapter City_____

Please tell us in 50 words or more why this member is outstanding or goes Above and Beyond for your chapter. (An attached written statement can be added to this form).

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Date:_____ Chapter President:_____

Please send this form with a picture to the State Outstanding Sister Chairman. All forms may be entered at any time up to April 15: