

Epsilon Sigma Alpha
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Reinstatement Application

Join Epsilon Sigma Alpha and make a positive difference

Congratulations on your decision to join ESA again experiencing unmatched friendship and service! Please complete this application and return it with necessary payment to ESA Headquarters at the address above.

Personal Information:

Name: _____ Spouse: _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone (H): _____ E-mail: _____
Phone (W): _____ Fax: _____ Cell: _____

Occupation (if applicable): _____ Date of Birth: _____

I wish to join a specific chapter (include name and number): _____

Name under previous membership: _____ Years of Active Service: _____

Previous Member Number: _____ Previous Chapter Number: _____

Pledge Date: _____ Date of Inactive Status: _____

Reason for Joining (please pick all that apply):

Philanthropic Friendship Education Opportunity Self-Improvement

Other: _____

Membership Fees (non-refundable):

Reinstatement at \$50 includes reinstatement fee and first year dues.

Payment Information (check only one):

• Enclosed is a personal check money order for \$ _____ made payable to ESA.

• Please charge my Visa MasterCard Discover for \$ _____.

Card Number: _____ Expiration Date: _____

Card Security Code (three digits on the authorized signature panel on the back of the card): _____

Name on card: _____ Signature: _____