

Reinstatement of Membership Application

Use this form if you have been a member of ESA in the past and are reinstating your membership to the active member status.

Type of Membership

- Community member
 Collegiate member
 (optional) I wish to join a specific chapter (chapter name and number here)
-

Personal Information

Name: _____ Sex: _____
 Address: _____
 City/State/Zip: _____
 E-mail: _____ Birthdate: _____
 Home Phone: _____ Cell Phone: _____

Acceptance Pledge

I accept this invitation to renew my membership in 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.

Signature _____ Date _____

Membership Fees:

Please remit your annual dues of \$49.00 (senior discount: Members over age 65 who provide birthday information are eligible to reactivate at the senior renewal rate of \$45.00)

- I am younger than 65 years old submitting \$49.00 dues
 OR
 I am at least 65 years old submitting \$45.00 senior discount dues
 My birthdate (required for senior dues: dd/mm/yyyy): _____

- I have enclosed my check payable to ESA
 OR
 Charge my (please circle) VISA MasterCard Discover
 Card Number: _____ Expiration Date: _____
 Security Code: _____ Name on Card: _____
 Signature: _____

Mail to: ESA Headquarters, 363 W. Drake Road, Fort Collins, Colorado 80526

Revised 2012 (IC)

Send FOUR copies to the State Treasurer (State President, Membership Director, News & Views Editor, and Treasurer copies)

****NOTE:** Kansas Individual State Membership Dues (\$10.00) must have been paid or must accompany the State Treasurer's copies!