



EPSILON SIGMA ALPHA

**WILLING TO SERVE
Kansas State Council**

Name: _____ Member #: _____

Address: _____ City: _____ Zip: _____ E-Mail Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Fax: _____

Birthday: _____ Husband's Name: _____ Anniversary: _____

Chapter Name & Number: _____ Town: _____

District: _____ Years in ESA: _____

Occupation: _____

Offices Held (include committees):

Chapter: _____

District: _____

State: _____

MARC: _____

IC: _____

What committee would you like to serve on? Identify 3 choices:

Other Comments: _____

This form must be returned before February 1 to the First Vice President, Kansas State Council of ESA

Reproduce as necessary.