

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 \$59.00 (senior discount: Members over age 65 who provide birthday information are eligible to reactivate at the senior renewal rate of \$55.00)

- I am younger than 65 years old submitting \$59.00 dues
- OR
- I am at least 65 years old submitting \$55.00 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, 2580 E. Harmony Rd., Suite 301-11, Fort Collins, CO 80528