

## **Collegiate Membership Application**

Join Epsilon Sigma Alpha today...and make a difference

I wish to join a specific chapter (include chapter name and number) Chapter Name/Chapter Number  Personal Information	
Address:	
City/State/Zip:	
E-mail:	Birthdate:
Home Phone:	Cell Phone:
Sponsor Information (if appl	licable)
Sponsor's Name:	
Sponsor's Member Number:	Sponsor's Chapter Number:
Acceptance Pledge	
pledge to observe and abide by the	a member of Epsilon Sigma Alpha International. I ne tenets of the organization and further agree to n the current Ideals book. Annual dues will be due
Signature	Date
Membership Fees Please remit \$69	
☐ Enclosed check for \$69 payable	e to ESA
☐ Charge \$69 to my (please circle	e) VISA MasterCard Discover
Card Number:	Expiration Date:
	on Card:
Signature:	

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