



Community Membership Application

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

Type of Membership

- Community member: \$69 first year dues
 - Community Legacy member: \$49 first year dues*
*your ESA sponsor must be close relative
 - (optional) I wish to join a specific chapter (chapter name and number here)
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Personal Information

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

Sponsor Information (if applicable)

Sponsor's Name: _____
Relationship to applicant: (required for Legacy applicants) _____
Sponsor's Member Number: _____ Sponsor's Chapter Number: _____

Acceptance Pledge

I accept this invitation to become a member of 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 either \$69 for community membership or \$49 for community legacy membership

- Enclosed check for \$ _____ payable to ESA
- 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