

# Phi Eta Sigma Membership Form



## Contact Information

Name	
Street Address	
City ST ZIP Code	
Phone	
Cell Phone	
Ranger E-Mail	

## Induction Ceremony (February 12, 2017)

Please indicate whether you will attend the Induction Ceremony?

Yes, I will attend       Number of people attending  
 No, I cannot attend

## Tell Us about Yourself

Please tell us a little bit about yourself (e.g. special skills, volunteer experience or personal interests).

## Signature

By submitting this form, I understand that my contact information will be shared with Phi Eta Sigma's International headquarters. Phi Eta Sigma will not release this information for proprietary purposes.

Signature	
Date	

Please return the membership form and the \$40 membership fee to the Office of Admissions and New Student Services or mail to: University of Wisconsin-Parkside, Admissions and New Student Services, Student Center, D 105 F, 900 Wood Road, Box 2000, Kenosha, WI 53141-2000. Checks should be made payable to "University of Wisconsin-Parkside"

### Administrative Use Only

Amount Paid: \_\_\_\_\_ Method of Payment:     Cash     Check    Check number # \_\_\_\_\_