

Sigma Gamma Epsilon Returning Member List

CHAPTER NAME: _____ DATE: _____

University: _____

Department Name: _____

Department Phone: _____

Department Fax: _____

ADVISOR NAME: _____

Address: _____

Phone: _____

Email: _____

\$15 Annual Dues

NAMES OF RETURNING MEMBERS:

(Enter \$15 per member or list if Life member)

1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Chapter Correspondence Contact:

Total Due:

Name: _____

Address: _____

Email: _____

Phone: _____

Advisor: _____

Signature

Mail Above Form and Dues to:

Name: Sigma Gamma Epsilon

Address: P.O. Box 506

Gilbertville, IA 50634

President: _____

Signature

Enter information. Save as "(Your Chapter Name) Returning Member List". Email as an attachment to even@sigmagammaepsilon.com AND submit a printed copy with your payment on or before 11/15.