

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		
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Chapter Correspondence Contact:

Total Due:

Name: _____

Address: _____

Email: _____

Phone: _____

Advisor: _____

Signature

Mail Above Form and Dues to:

Name: Dr. James Walters

Address: Earth Science Department 0335

University of Northern Iowa, Cedar Falls, IA 50614

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.