



SIGMA EPSILON CHAPTER
BETA, BETA, BETA BIOLOGICAL HONOR SOCIETY

APPLICATION FOR MEMBERSHIP

GENERAL INFORMATION

Name _____ Social Security Number _____

Local Address:

Permanent Address:

City State Zip Code

City State Zip Code

Phone () _____

Phone () _____

SCHOOL INFORMATION

Classification _____ Major _____

Grade Point Average: Cumulative _____ Science _____ Biology _____

RECOMMENDATION

List name of two (2) faculty persons that you have asked to submit recommendations. At least one (1) reference must be from a biology faculty member, preferably a member of Tri-Beta Biological Honor Society.

Name _____ Title _____

Name _____ Title _____

** Please attach a copy of your transcript or your most recent grade report sheet.*

MEMBERSHIPS IN OTHER ORGANIZATIONS

GENERAL:

_____ Position _____
_____ Position _____
_____ Position _____

HONOR SOCIETIES:

_____ Position _____
_____ Position _____
_____ Position _____

FUTURE CAREER PLANS

Graduate School _____ Medical/Dental _____ Other _____
Please Specify

PLEASE WRITE A BRIEF SYNOPSIS ON WHY YOU WOULD LIKE TO BECOME A MEMBER OF BETA BETA BETA BIOLOGICAL HONOR SOCIETY.

DESCRIBE YOUR ACTIVITIES THAT WOULD INDICATE THAT YOU WOULD ACTIVELY PARTICIPATE IN TRI-BETA ACTIVITIES IF ACCEPTED FOR MEMBERSHIP.

Assurance of Participation

I understand that Tri-Beta Biological Honor Society is a student-oriented organization. The society's activities are planned and implemented by students. Active participation in the society's activities is a requirement for membership. I agree to actively participate in all of the society's activities and understand that failure to participate will result in an inactive status classification at local and national level.

Signature _____

Date _____

**Please return the completed application to:
Dr. Tammi M. Taylor
Sigma Epsilon Chapter Advisor
JAP Science Building
Room 428**