

Application Form

Eta Sigma Gamma – Professional Membership Status

Demographic Data

Full Name: _____

Title: _____

Department/Division: _____

Institution/Agency: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Home Phone: _____

Email Address: _____

Professional Preparation

Degree	Institution	Year	Major	GPA
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Degree	Institution	Year	Major	GPA
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Degree	Institution	Year	Major	GPA
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Teaching Activities in Health Science/Health Education

Research Activities in Health Science/Health Education

Service Activities in Health Science/Health Education

General Professional Contributions in Health Science/Health Education

Current Professional Position (Position Description)

Affirmation of Authenticity (Immediate Supervisor)

As the immediate supervisor of the nominee, I affirm that the preceding position description is accurate, and that the nominee is currently filling the position.

Date _____ Signature _____

Affirmation of Authenticity (Nominee)

As a nominee for professional membership in Eta Sigma Gamma, I affirm that all information supplied herein is accurate to the best of knowledge.

Date _____ Signature _____

The completed application form including continuation pages, transcripts, etc. should be submitted to:

Professional Membership Advisory Committee
Eta Sigma Gamma National Office
2000 University Aveune
Muncie, IN 47306

Or you may email application and transcripts to:
executivedirector@etasigmagamma.org