



Eta Sigma Gamma

National Professional Health Education Honorary

4319 West Clara Lane, PMB #285

Muncie, IN 47304

executivedirector@etasigmagamma.org

Eta Sigma Gamma – Professional Membership Application

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

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:

executivedirector@etasigmagamma.org

Or you may mail application and transcripts to:

Eta Sigma Gamma National Office
Professional Membership Advisory Committee
4319 West Clara Lane
PMB #285
Muncie, IN 47304