



Tau Iota Chapter

MEMBERSHIP INFORMATION FORM *Tau Iota Chapter 439*

Name (last , first, middle initial)_____

Present address (street, apartment#)_____

(city)_____ (state)_____ (zip code)_____ (country)_____

Permanent address (street, apartment#)_____

(city)_____ (state)_____ (zip code)_____ (country)_____

Phone_____ Cell_____

Email (must be accurate and accessible for at least three weeks after graduation)_____

Under the provisions of the "Family Educational Rights and Privacy Act of 1974," I grant access to my academic records to the Chapter Eligibility Committee chairperson for consideration of my membership to Sigma Theta Tau International. I understand this invitation may be revoked between now and induction or thereafter if I am found guilty of a breach in academic integrity or other behaviors/actions inconsistent with the principles of the society.

Written

Signature_____

Date_____

The information above must be typed (not hand written) to ensure legibility.

With this form, please attach two (2) completed endorsement for membership forms. Two (2) endorsements must be from Sigma Theta Tau members and at least one (1) of the endorsements must be from a faculty member at Goldfarb School of Nursing at Barnes-Jewish College.

Submit forms to current Sigma Theta Tau-Tau Iota (STT-TI) chapter counselor (listed under the chapter officers on the S chapter page).