



Epsilon Gamma Iota Inc.
newmembership@nab.eci1984.com
(281) 451-2764

Subject: Membership Application

To Whom It May Concern:

My name is BriAntoine Westmoreland and I am the Director of New Membership for Epsilon Gamma Iota Inc. I appreciate your interest in becoming apart of our organization.

Enclosed are the documents that must be filled out before you can take part in the membership intake process. These are the National Advisory Board requirements; however, the individual chapter or university may have additional requirements but do not negate the national requirements.

You are required to fill out the membership application & questionnaire, health form agreement; one letter recommendation from a member, resume and a copy of your unofficial transcript.

You must submit the hard copy of ALL documents with your application fee of \$25 (check or money order made out to Epsilon Gamma Iota). Please note this is the National Application fee, individual chapters may require additional funds but do not negate the national application fee.

If you have ANY questions, concerns or comments my email address and telephone number are newmembership@nab.eci1984.org and (281) 451-2764. Thank you and I look forward to hearing from you.

Respectfully,

Epsilon Gamma Iota Inc.

BriAntoine Westmoreland
Director of New Membership



Office of Membership and Intake Epsilon Gamma Iota, Inc.

AN EQUAL OPPORTUNITY ORGANIZATION
It is the policy of **Epsilon Gamma Iota, Inc.** to provide membership opportunities without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.

APPLICATION FOR MEMBERSHIP

IMPORTANT: Please fill in your response above each line unless otherwise indicated.
All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

PERSONAL DATA

FIRST NAME	MIDDLE	LAST
PRESENT ADDRESS IN FULL	CITY	STATE
ZIP	TELEPHONE	
PERMANENT ADDRESS (IF DIFFERENT)	CITY	STATE
ZIP	TELEPHONE	

HAVE YOU EVER BEEN CONVICTED OF OR SENTENCED FOR ANY VIOLATION OF THE LAW? ☐ Yes ☐ No
IF YES, GIVE FULL PARTICULARS.

ARE ANY RELATIVES, INCLUDING IN-LAWS, MEMBERS OF EPSILON GAMMA IOTA, INC.? ☐ Yes ☐ No

IF YES, GIVE NAME, RELATIONSHIP, AND SEMESTER/YEAR OF MEMBERSHIP:

1. _____

2. _____

3. _____

HAVE YOU EVER PREVIOUSLY APPLIED FOR MEMBERSHIP? ☐ Yes ☐ No

IF YES, WHEN? (MO.) _____ (YR.) _____ (NUMBER OF TIMES APPLIED) _____

HAVE YOU EVER PREVIOUSLY BEEN INTERVIEWED FOR MEMBERSHIP? ☐ Yes ☐ No

IF YES, WHEN? (MO.) _____ (YR.) _____ (NUMBER OF TIME INTERVIEWED) _____

EDUCATION

HIGH SCHOOL ATTENDED/complete address

ATTENDED FROM ____/____/____ TO ____/____/____

GRADUATED? ☐ Yes ☐ No G.P.A. _____

COLLEGE OR UNIVERSITY/complete address

ATTENDED FROM ____/____/____ TO ____/____/____

GRADUATED? ☐ Yes ☐ No G.P.A. _____

MAJOR _____

DEGREE RECEIVED _____

COLLEGE OR UNIVERSITY/complete address

ATTENDED FROM ____/____/____ TO ____/____/____

GRADUATED? ☐ Yes ☐ No G. P.A. _____

MAJOR _____

DEGREE RECEIVED _____

OTHER (Technical, Vocation, Graduate, etc. complete address)

ATTENDED FROM ____/____/____ TO ____/____/____

GRADUATED? ☐ Yes ☐ No G.P.A. _____

MAJOR _____

DEGREE RECEIVED _____

LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS, SPECIAL ACHIEVEMENTS:

LIST ANY OTHER ORGANIZATIONS AND POSITIONS HELD YOU BELONG TO:

EMPLOYMENT HISTORY

IMPORTANT! STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST IN CONSECUTIVE ORDER ALL EMPLOYMENT AND PERIODS OF UNEMPLOYMENT SINCE YOU GRADUATED FROM OR LAST ATTENDED HIGH SCHOOL. PLEASE IDENTIFY PART-TIME EMPLOYMENT IF IN SCHOOL, INCLUDE COMPANY NAME (S), ADDRESSES, AND DATES OF EMPLOYMENT: ADDITIONAL EMPLOYMENT MAY BE LISTED ON A SEPARATE PAGE (S) IF NECESSARY.

PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	EMPLOYED - FROM/TO	
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME & TITLE OF SUPERVISOR			
TITLE OF YOUR POSITION		DEPARTMENT	
DUTIES			
REASON FOR LEAVING			

PREVIOUS EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	EMPLOYED - FROM/TO	
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME & TITLE OF SUPERVISOR			
TITLE OF YOUR POSITION		DEPARTMENT	
DUTIES			
REASON FOR LEAVING			

ARE THERE ANY PERIODS OF UNEMPLOYMENT SINCE YOU GRADUATED OR LAST ATTENDED HIGH SCHOOL

THAT IS NOT LISTED ABOVE OR ON A SEPARATE SHEET? ☐ es ☐ o FOR HOW LONG? _____

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN SUSPENDED, PLACED ON PROBATION, ASKED TO RESIGN, DISCHARGED? OR

TERMINATED? ☐ Yes ☐ No

IF YES, PLEASE EXPLAIN:

Questionnaire

How did you hear about Epsilon Gamma Iota, Inc.?

What are your reasons for wanting to become a member of Epsilon Gamma Iota, Inc.?

What do you know about Epsilon Gamma Iota, Inc.

What makes you a good candidate for membership?

How can you contribute to Epsilon Gamma Iota, Inc. as a member?

In your opinion, what does this Epsilon Gamma Iota, Inc. need to improve upon?

If you were a member, what would you do to help make these improvements?

Where would you like to see Epsilon Gamma Iota, Inc. in the next five years?

Self Measurement Evaluation

Fill in the circle that best describes you.

Time Management Skills

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Below average
- ☐ Poor

Social Skills

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Below average
- ☐ Poor

Leadership Skills

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Below average
- ☐ Poor

Dependability

- ☐ Always
- ☐ Frequently
- ☐ Sometimes
- ☐ Seldom
- ☐ Never

LIST ANY OTHER SKILLS YOU THINK MAY BE OF VALUE TO EPSILON GAMMA IOTA, INC, SUCH AS PROGRAMMING, WEBPAGE CREATION, ETC.

1. _____
2. _____
3. _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information that would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application.

I HEREBY AFFIRM that, by execution of the application, I acknowledge that Epsilon Gamma Iota, Inc. has disclosed to me that an Investigative Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to Epsilon Gamma Iota, Inc. made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE Epsilon Gamma Iota, Inc. to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety membership requirements or otherwise.

I UNDERSTAND that a \$20.00 non-refundable application-processing fee (MONEY ORDER ONLY) must be accompanied along with this application before membership is considered. I further understand that submittal of an application along with the processing fee does not guarantee membership into Epsilon Gamma Iota, Inc. unless provided the proper paper work that identifies me as such.

I UNDERSTAND that if I become a member, the terms and conditions of my membership will be governed by this application and Epsilon Gamma Iota, Inc. Terms of Membership and Policy and Procedures, as amended from time to time by Epsilon Gamma Iota, Inc.

Signature _____ Date _____

Thank you for completing this application. It will remain under consideration for twelve months. It will not be necessary for you to reapply during this twelve-month period. Your interest in **Epsilon Gamma Iota, Inc.** is appreciated.



EPSILON GAMMA IOTA, INC.

Recommendation Recommendation

To the Applicant

NAME OF APPLICANT _____
LAST FIRST MI.

Please print or type your name, and present this copy an Appraiser for recommendation of membership with Epsilon Gamma Iota Inc.

To the Appraiser

The person named above is applying for membership into Epsilon Gamma Iota Inc. Inc., our consideration of applicants, we are particularly interested in the candid comments of individuals familiar with his/her accomplishments. Please assist Epsilon Gamma Iota Inc., by providing the information requested below. We do not want to restrict your response to these questions only, so we encourage you to attach a letter if you prefer. Please print or type.

Appraiser's Name

Position/ Title

Organization/Company

My Knowledge of the applicant's skills is based on a(n)

___ Professional affiliation

___ Academic affiliation

___ Personal affiliation

Please answer these questions on a separate sheet of paper and attach it to this recommendation form.

1. In what context & for how long have you known this applicant?
2. What qualities do you feel the applicant possesses?
3. In what way(s) do you feel the applicant can contribute to Epsilon Gamma Iota Inc.?
4. In what way(s) do you feel the applicant can benefit from Epsilon Gamma Iota Inc.?



Office of Membership and Intake

Application Checklist

- ☐ **Completed Application & Questionnaire (signed)**
- ☐ **Health Form Agreement**
- ☐ **(1) Member Recommendation**
- ☐ **\$25.00 (non-refundable) Application Fee**
(Money Orders, Cash only or PayPal)
- ☐ **Resume**
- ☐ **Unofficial Transcript**

Health Form Agreement									
Last Name:				First Name:				Middle Initial:	
Date of Birth:		Gender:		Height:		Weight:			
Emergency Contact Information									
Parent or Guardian:									
Home Phone:									
Work Phone:									
Mobile Phone:									
Medical History									
Presently taking medication? (If yes, please list)									
Allergic to medicine, foods, bee stings, etc? (If yes, please list)									
Diseases (Check is yes)									
<input type="checkbox"/> Asthma <input type="checkbox"/> Tonsillitis <input type="checkbox"/> Pneumonia <input type="checkbox"/> Bronchitis <input type="checkbox"/> Epilepsy <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Kidney Disease		<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Heart Disease <input type="checkbox"/> Malaria <input type="checkbox"/> Bleeder <input type="checkbox"/> Bruise Easily <input type="checkbox"/> Mumps <input type="checkbox"/> Influenza		<input type="checkbox"/> Diabetes <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Heart Murmurs <input type="checkbox"/> Sickle Cell <input type="checkbox"/> Anemia <input type="checkbox"/> Hernia <input type="checkbox"/> Scoliosis					
Other diseases (including any STD's):									
Past Surgical Procedures:									
I understand that by participating in any exercise activities, I am exposing myself to the risk of serious injury. Having been so cautioned and warned, it is still my desire to participate in the above exercise activities, and I acknowledge the risk of serious injury to which I am exposing myself by participating.									