

Beta Beta Beta

Biological Honor Society



Sigma Delta Chapter

Tarleton State University

Application for Membership Attach an unofficial transcript with this form

Please PRINT clearly

First Name	MI	Last Name		
Local Address (Street)		(City)		
(State) (Z	ip)			
Permanent Address (If not same as abo	ove)			
()Phone	_ □ Cell □ Home			
Email Address		—		
Student ID (UIN)	Freshman	Sophomore	Junior	Senior
Major(s)		Minor(s)		
vected Graduation Date (Semester and Year)		If Upgrade, date inducted as Associate		
Initiation Fee: □ Regular (\$50.00)† □ Assoc		ciate (\$40.00)	□ Upgrade (\$10.00)	
Local Dues (per semester):	\$10.00			
I have read and understand the requirements for nonrefundable and that I must adhere to the rule until I have completed all requirements for mem	s and regulations during the ini-	tiation period. I recogniz	te that my membersh	
\$				
Payment Total Sig	gnature		I	Date
Please return form along with your or the administrative assistant in		•	ta) to Dr. Pfa	u (Sci 213H)