

Name of Member \_\_\_\_\_

### 2018-2019 EPSILON PSI DUES

Please complete the following form and return it with your check to:

Mrs. Carolyn Francis, 2104 Buchanan Drive, Baytown, TX 77520-5607

Check only those items for which you are paying. Please pay ASAP. **Total amount is due no later than August 31.**

|                                     |  |         |          |
|-------------------------------------|--|---------|----------|
| <input type="checkbox"/>            | Active Member Dues and Fees  | \$93.00 | _____    |
| <input type="checkbox"/>            | Reserve Member Dues and Fees   | 65.00   | _____    |
| <input checked="" type="checkbox"/> | Grant-in-Aid and Scholarship Funds   | 20.00   | 20.00    |
| <input type="checkbox"/>            | Chapter Newsletter Subscription (\$12 for members preferring a printed copy) |         | _____    |
| <input type="checkbox"/>            | A Storybook Christmas Donation   |         | _____    |
| <input type="checkbox"/>            | Gift to Chapter  |         | _____    |
| Total amount of check               |  |         | \$ _____ |

***You may pay with one check made payable to "Epsilon Psi."***

Name of Member: \_\_\_\_\_

Name of Member's Spouse: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code (9 digits): \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Permission to publish ☐ Yes ☐ No

Home Email Address: \_\_\_\_\_ Permission to publish ☐ Yes ☐ No

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ Permission to publish ☐ Yes ☐ No

Name of School: \_\_\_\_\_

Work Email Address: \_\_\_\_\_

Subject/Grade Level/Current Position: \_\_\_\_\_

Work Phone Number: (\_\_\_\_) \_\_\_\_\_

Birthday: \_\_\_\_\_

(Chapter Profile purposes) (Month) (Date) (Year)

Approximate Year Entered Teaching: \_\_\_\_\_

Degrees Held: ☐ Bachelor ☐ Master ☐ Doctor ☐ Other: \_\_\_\_\_

### Publication Permission Form

(Do not sign *both* forms.)

Epsilon Psi Chapter of The Delta Kappa Gamma Society International has my permission to post my name, email, and/or photo or news about me on official Epsilon Psi, state, and international publications and/or on the Epsilon Psi website as well as any other website of the Delta Kappa Gamma Society. **Not signing or returning this form will automatically give permission for publication.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

I do ***not*** give Epsilon Psi Chapter of The Delta Kappa Gamma Society International has my permission to post my name, email, and/or photo or news about me on official Epsilon Psi, state, and international publications and/or on the Epsilon Psi website as well as any other website of the Delta Kappa Gamma Society. **Not signing or returning this form will automatically give permission for publication.**

Signature \_\_\_\_\_ Date \_\_\_\_\_