

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

### 2019-2020 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 May 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 \_\_\_\_\_