

Name of Member _____

2016-2017 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 October 1.**

<input type="checkbox"/>	Active Member Dues and Fees	\$93.00	_____
<input type="checkbox"/>	Reserve Member Dues and Fees	45.00	_____
<input type="checkbox"/>	Grant-in-Aid and Scholarship Funds	20.00	_____ 20.00
<input type="checkbox"/>	Chapter Newsletter Subscription (<i>\$12 for members preferring a printed copy</i>)		_____
<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 _____