

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

### 2011 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	\$89.00	_____
<input type="checkbox"/>	Reserve Member Dues and Fees	50.00	_____
<input type="checkbox"/>	Grant-in-Aid and Scholarship Funds		_____ <u>20.00</u>
<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: ( ) \_\_\_\_\_

Home Fax Number: ( ) \_\_\_\_\_

Home Email Address: \_\_\_\_\_

Cell Phone Number: ( ) \_\_\_\_\_

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

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

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

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

Work Fax 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 publish my name, picture, and email address in official local, state, and international publications and/or on the Epsilon Psi website. **Not signing or returning this form will automatically give permission for publication.**

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

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