



Level Requested:					
Regular					
Associate					
Upgrade					
DUES to pay:					
\$5\$10					

Application for Membership Ithaca College Chi Xi Chapter

MUST TYPE and EMAIL this to Nanda Cortes mcortes@ithaca.edu

First Name	MI	Last Name			
Local Address (Street)		(City)			
(State)	(Zip)			
Permanent Address (If not same as above))				
()□ Local Phone	Cell □ Home (ell Home () Permanent Phone		□ Cell □ Home	
Email Address					
Student ID (UIN)	□ Freshman	□ Sophomore	☐ Junior	Senior	
Major(s)		Minor(s)			
Expected Graduation Date (Semester and	Year)	Member Since			
Initiation Fee: □ Regular (\$55.00))* □ Assoc	ciate (\$45.00)	□ Upgra	ade (\$10.00)*	
Dues: ☐ One Semester (\$5 Attach: • an unofficial DETAILED • You will receive an email	transcript with the	his form ("Print"	' your transcr	ipt as a PDF.)	
I have read and understand the requirements for mer is nonrefundable and that I must adhere to the rules a have completed all requirements for membership tha	and regulations during the i	nitiation period. I recogn	ize that my member		
\$ Payment Total <i>anticipated total \$_</i>	Member Signa	ture (typed is accept	red) - I	Date	
Please return ELECTR	ONIC copies of the	he form & unof	<i>ficial</i> transer	ints to	

Date advisor confirmed level and level with applicant

Date received payment – by April 8