

Epsilon Sigma Phi

Membership Form

Name: _____

District/Department: _____ County: _____

Office Address: _____

City: _____ State: ____ Zip Code: _____ - _____

Office Phone: (____) ____ - _____

Office Fax: (____) ____ - _____

Email Address: _____

I am a(n) Active Member

Annual Dues by Oct. 11 - **\$40.00**

Annual Dues after Oct. 11 - **\$45.00**

New Active Member

Annual Dues - **\$30.00**

Initiation Fee - **\$10.00**

Total - **\$40.00**

New Life Member (Retired)

One Time Dues - **\$160.00**

STAR FUND Donation Amount: \$5 \$10 \$15 \$20 Other \$ _____

Total Amount Enclosed: \$ _____

Make your check payable to **Epsilon Sigma Phi**.

Please print this form and mail it with your check to:

Deon S. Legette, Treasurer

Epsilon Sigma Phi

Kershaw Extension Office

P.O. Box 248

Camden, S.C. 29021