Eta Sigma Delta MEMBERSHIP APPLICATION

First Name (please print clearly)		Middle Name	Last Name
Telephone		FAX	Email
Class Status: (circle o	ne)		
Sophomore	Junior	Senior	Grad Student
Area of Concentration	n: <i>(circle one)</i>		
Culinary Arts	Gaming/Casino Management		Hotel/Lodging Management
Leisure/Sports Managem	ent Meeti	ngs/Events Management	Travel/Tourism Management
Restaurant/Foodservice	Management		
OVERALL GPA:		HIGHEST GPA Awarded at Institution:	
Check here if you would like your information shared with ICHRIE Industry Partners			
 have officially have a cumula system be in the top 2 agree to upho 	an institution t declared as a l tive GPA of at 20% of the class	, and	
 Applicant is ar qualifications 	alumni of the	institution who would have	ese see honorary membership guidelines) e met current student membership tive ESD Chapter at the time of his/her
Signature of applican I hereby certify that the Sigma Delta.	t Date ne applicant na	med above meets the eligib	bility requirements for members in Eta
Chapter Advisor's Sign	ature + Date _		
Chapter Advisor's Name (please print)			
Chapter Advisor's Tele	ephone #		

Please note:

The following must be included in order for the ceremony request to be complete:

- Completed application and a check for \$40.00* for each application made payable to International CHRIE (along with any supporting documentation required).
- Excel spreadsheet emailed to ICHRIE with the first and last names of the inductee in the format they should be on their certificate
- Date of Induction Ceremony
- Signature of the Chapter Advisor

Please allow three weeks for processing.

Mail to:

INTERNATIONAL COUNCIL ON HOTEL, RESTAURANT, AND INSTITUTIONAL EDUCATION 2810 N. Parham Road, Suite 230 Richmond, Virginia USA 23294

Contact Info

Telephone: 01 (804) 346-4800

Fax: 01 (804) 346-5009 Email: <u>ESD@chrie.org</u>

^{*} rate as of Jan 2019