Application for Establishment of an 
*Eta Sigma Delta* Chapter

Date: ____________________

Name of Institution

Program or Department

Address

City | State | ZIP | Country

Name of Primary Contact

**NAMES OF STUDENT OFFICERS AND CHAPTER ADVISOR**

**PRESIDENT**

**VICE-PRESIDENT**

**SECRETARY**

**TREASURER**

**CHAPTER ADVISOR**

_________ Total number of students (freshman through seniors) enrolled in hospitality management-related programs.

_________ Total number of juniors enrolled in hospitality management-related programs.

_________ Total number of seniors enrolled in hospitality management-related programs.

Hospitality management-related degrees offered: _________________________________

ENCLOSURES REQUIRED WITH APPLICATION:

1. Letter of support from Faculty Advisor or department/program director
2. Verification that Chapter Advisor is an individual member of International CHRIE in good standing.
3. Program History and description of course offerings
4. Proposed Bylaws
5. $300 Fee (Includes ESD Ceremony Kit) plus S&H by credit card or check payable to International CHRIE.