



APPLICATION FOR MEMBERSHIP _____ Chapter

Being a member in good standing or a majority member of the International Order of the Rainbow for Girls, I present this application to become a member of Sigma Tau Alpha. I promise adherence to the Constitution of the National Federation, and a cheerful compliance to the By-Laws, Rules and Regulations of any chapter of which I may become a member.

 Name (please print) _____ Date of Birth _____
 School Mailing Address _____ Telephone _____
 City _____ State _____ Zip _____ Email _____
 Home Mailing Address _____ Telephone _____
 City _____ State _____ Zip _____ Email _____
 Rainbow Assembly and Number _____
 City _____ State _____
 School of Higher Education Attending _____
 Year in School _____

Check any of the following that apply:
 _____ Active Rainbow Girl
 _____ Majority Member
 _____ Past Worthy Advisor
 _____ Grand Officer or Past Grand Officer _____
 _____ Grand Cross of Color
 _____ OES _____ Chapter # _____ In the State of _____

It is my desire to become a member of Sigma Tau Alpha _____
 _____ Signature of Applicant _____ Date

- National Fees** (check one below)
- \$20 Regular Membership – covers initiation fee, current year National Dues, Sigma Tau Alpha membership pin, and ritual
 - \$40 Lifetime Membership – covers initiation fee, National dues for entire time you are in school or graduate school, Sigma Tau Alpha membership pin, ritual, and certificate of Lifetime Membership

Make National check to: National Federation of Sigma Tau Alpha

State Fees: \$10.00

Make State Check payable to Illinois Sigma Tau Alpha

And send to: Faith Dabbs

**State Director
501 W.10th Street
Belvidere IL 61008**

Chapter Fees: \$7.00 Iota Chapter & Beta Tau Chapter

\$10.00 Gamma Alpha & Beta Omega

Make Chapter Check Payable to Local Chapter

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Office Use Only

Pledge Date _____ **Initiation Date** _____ **Fees Paid** _____ **Date** _____