**The information you provide on this form will be used on your membership certificate, official records and subscriptions. (PLEASE PRINT CLEARLY)**

**Chapter Name:** Tau Upsilon **Chapter Number**: 450 **Induction Date:** TBA

**Check one:**

□ Undergraduate – year\_\_\_\_\_ □ Masters Student □ Doctoral Student □ Community Leader

Have you ever been inducted into Sigma Theta Tau? Yes 🞏 No 🞏

***\* If you would like to transfer your current membership to Tau Upsilon, please visit www.nursingsociety.org***

🞏 I want to join this chapter in addition to my current chapter, which is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Last/Family Name** |  |
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| **Street Address** |  |
| **City** |  | **Province/State** |  |
| **Country** |  | **Postal/Zip Code** |  |
| **Phone Number** | ( ) □ Mobile □Home  |  |  |
| **Personal Email Address** |  |
| **Cumulative GPA (%)** |  \_\_% **Plus number of course credits toward degree /** |

**All student applicants (undergraduate/masters/doctoral) must read and sign below:**

Under the provisions of the “Family Educational Rights and Privacy Act of 1974,” I grant access to my academic record to the Chapter Eligibility-Membership Involvement Chair for consideration of my membership to Sigma- Tau Upsilon Chapter. I understand this invitation may be revoked between now and induction or thereafter if I am found guilty of a breach in academic integrity or other behaviours/actions inconsistent with the principles of the society.

**Student’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Community Leader applicants:**

Education (list highest degree first):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check areas of achievement in nursing: 🞏 Education 🞏 Practice 🞏 Research

🞏 Administration 🞏 Publication 🞏 Other (please indicate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List most recent (last 5 years) contributions to nursing in areas checked above: (continue on next page)

**Community Leader Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tell us in one to two paragraphs why you wish to be considered for membership.**

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Email completed document to the Membership Involvement Chair: Melanie Renaud

mwrenaud@gmail.com

You will be notified by email if your application has been accepted by Tau Upsilon and you will be provided at that time with the process for payment of induction fees. **DO NOT** send money with this application form

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