

Faculty Application

Sigma Nu Tau

Entrepreneurship Honor Society



Please print or type

Check One: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☐ Prof. ☐ Other [Please state: _____]

Name: _____

Please ***type or print*** your name above ***exactly as you would like it to appear*** on your certificate.

Name of School: _____

Your School Address: _____

Email: _____

Phone: _____ **Fax:** _____

List Academic Degree(s) Earned and Granting Institution(s):

Current Professional Rank/Title: _____

Entrepreneurship Courses Taught: _____

I would like to order the following:

\$_____ Initiation/Lifetime Membership fee of \$50.00 (required)

\$_____ Honor Cord @\$10 (optional)

\$_____ ***Entrepreneur*** Subscription (Free to US addresses; \$20 supplement to Canada; \$30 to other countries)

\$_____ Tax-deductible donation to the Sigma Nu Tau Scholarship Fund

\$_____ Total Enclosed

Form of Payment: ☐ Cash ☐ Check/Money Order (Payable to Sigma Nu Tau Entrepreneurship Honor Society)

☐ Credit card [***provide email address below*** (Not credit card #). An invoice will be emailed directly to you.]

Email: _____

Membership Pledge

As a condition of membership, I pledge to be a model of principled entrepreneurship and to conduct myself with honor and integrity in all my academic, personal, and professional endeavors.

Signature of Applicant

Date

Please submit form to Chapter Faculty Advisor or Faculty Secretary who will remit to:

Sigma Nu Tau Entrepreneurship Honor Society
c/o USASBE

100 N. Merchant St., Decatur, IL 62523
(202)-381-9330 (phone) SigmaNuTau@usasbe.org