



APPLICATION FOR MEMBERSHIP
Active Four-year Institutions

Academic School Year _____

Submit one copy to:

National Advisor, Dr. Elizabeth Walker
Ewalker@Missouristate.edu

Submit one copy and a check for \$25 per new member made payable to:

National Executive Treasurer, Dr. Jim Baier
Tennessee Tech University
School of Agriculture
Box 5034
Cookeville, TN 38505

Fall Initiation:

Membership list and payment due *October 15th*

Spring Initiation:

Membership list and payment due *March 1st*

Name of Institution:

Address: _____

City: _____ State: _____ Zip: _____

Advisor Name: _____

Total number of new initiates: _____ X \$25 = \$ _____

Delta Tau Alpha Chapter Dues: \$50.00

Late fee if paid after October 15 \$10.00 **TOTAL** _____

**Certificates will not be processed until membership and annual chapter dues are received.*

