



San Francisco Area Alumni Chapter

Renewal and New Member Alumni Network Application

Please complete the application and fax or mail to:

Beta Gamma Sigma
125 Weldon Parkway
Maryland Heights, MO 63043
FAX (314) 432-7083

- OR -

BGS San Francisco Area Alumni Chapter
PO Box 193651
San Francisco, CA 94119

BGS-SF APPLICATION INFORMATION Date: _____ // _____ New Membership _____ Renewal

____ Mr ____Mrs. ____Ms. ____ Prof. ____ Dr. ____ Other

Name: _____ Home Phone: _____

Maiden/Previous Name: _____

Email Address: _____

Home Address: _____

Company Name: _____ Title: _____

Bus. Address: _____

Bus. Phone: _____ Bus. Fax: _____

Bus. Email: _____

School Where Inducted: _____ Year Inducted: _____

MEMBERSHIP LEVEL

____ **Regular Annual Alumni Membership | Registration Fee: \$30.00** • For regular new and renewing members. • You must be a lifetime or honorary member of Beta Gamma Sigma to register as a regular member.

____ **Student Membership | Registration Fee: \$10.00** • For current students or recent graduates (within twelve months of graduation). • You must be a lifetime member of Beta Gamma Sigma to register as a student member.

____ **Lifelong Alumni Membership | Registration Fee: \$300.00** • For new and renewing members who wish to make a permanent contribution to the chapter. Lifetime Chapter Membership provides privileges without interruption. Your commitment supports the growth of the Alumni Chapter in the Bay Area. • You must be a lifetime member of Beta Gamma Sigma or a special honoree to register as a lifelong Alumni member.

PAYMENT

____ Enclosed is my check or money order in the amount of \$_____. Please make checks payable to Beta Gamma Sigma, San Francisco Alumni Chapter.

Charge my Alumni Chapter Membership to:
 _____ Visa _____ MasterCard _____ Discover _____ American Express

Card #: _____ Exp. Date: _____

Signature: _____