**Beta Beta Beta Application Form**

**The University of North Carolina at Pembroke**

**Associate Membership**

**Application Process:**

1) Complete all parts of this form and return it to Dr. Amber Rock (Oxendine 2230) along with your membership payment. You may also turn it into Dr. Rock’s mailbox in the Department of Biology office.

2) **Membership requirements (Associate):** any major; strong interest in the life sciences; completed at least one biology course with a grade of “B” or higher; overall GPA of at least 3.0; at least 30 semester hours completed. Transfer students who meet these criteria are also eligible.

3) With your signed consent (below), Dr. Rock will review your academic transcript to ensure your eligibility for Associate membership.

4) Associate members are expected to support the local Psi Lambda Chapter by attending monthly meetings and by paying local chapter dues.

**To apply, please complete all parts of the application form below.**

Please print your name exactly as it should appear on your certificate

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

Name you prefer to be called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best phone number to contact you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of semester hours you have completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Biology GPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Overall GPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Biology courses you have completed (include course number and name):

Please list a permanent mailing address for receipt of future TriBeta correspondence

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Payments***

|  |  |
| --- | --- |
| $40.00 | Regular Membership fee for TriBeta (required for all inductees) |
| \_\_\_\_\_\_\_\_\_\_\_ | I have enclosed $1 to insure home delivery of *Bios, A Quarterly Journal of Biology.* If you would like Bios shipped somewhere other than your permanent address listed above, please indicate this address at the bottom of the page **(If you are graduating this year, home delivery might be desirable, so that you can continue receiving *Bios* after graduation. However, if you will be here next year, *Bios* is bulk delivered to me and I will pass copies along to members and you can save $2). *Leave this space blank if you DO NOT want home delivery of* BIOS*.***  |
| \_\_\_\_\_\_\_\_\_\_\_ | Grand Total |

Please write your check payable to **UNCP TriBeta (Cash is also acceptable).**

**Deadline: Due to the requirement that all names must be submitted to the National Office of TriBeta, all registrations and payments must be received by 5:00 PM on Wednesday, March 13th. Additionally, mark your calendars now for the Induction Banquet on Wednesday, April 3rd in the evening.**

**Future correspondence regarding TriBeta membership will be sent via email.**

I give Dr. Amber Rock permission to examine my academic records and to verify my eligibility for membership in TriBeta. I understand that the contents of my academic record will be treated with confidentiality.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Your signature Date

TriBeta

Supplemental Information – Associate Members

To be included in the induction ceremony program

Please complete this form and return it to the Tri Beta advisor with your application form

**Your Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Describe your interest in the life sciences in 1 – 2 sentences:**

**Expected Graduation Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_