## AT-LARGE

## MEMBERSHIP APPLICATION FORM

**Helpful Tips:**

1. To fill in this form, please use the tab or arrow keys to get to each field or use your mouse to place the cursor on the field you want to type into. The grayed fields will expand to accommodate your information.
2. In order to keep a clean copy of this document select Save As…from the file menu and type in your choice of file name. Your typing will then be safe in your new document.

Date:

### A. Applicant’s Information

Student:  Transferring Student:  Alumni:

***Please*** *provide your name as you would like it to appear on the Membership*

*certificate. For example, Mary J. Smith or Mary Jane Smith etc.*

Full Name:

Mailing Address:

City:       State:       Zip:

Telephone (w): (     )       Telephone (h): (     )       Cell: (     )

Email:

### B. University/College Information

Name of College/University:

Address:

City:       State:       Zip:

Phone: (     )       Fax: (     )

Email:

**C. Status**

*Please check one*:  Freshman  Sophomore  Junior  Senior  Graduate  Alumni

Name of program of study and degree being pursued or completed:

Expected date of graduation or date graduated:      GPA:

Concentration area/Area of expertise:

Course catalog designations completed to date in the major (all courses required for your degree, not just human service courses e.g., ENG101 English Composition, HMS101 Introduction to Human Services):

#### D. Awareness of the Value of Service and Leadership

*Please write short answers to the following questions in order to demonstrate your commitment to providing excellence in service to humanity.*

1. State your professional goals:
2. Identify community service projects/fundraising and/or volunteer work (includes community-based course work):
3. List current memberships (organizations, campus clubs, and other affiliations):
4. Write a brief statement that demonstrates your commitment to the field of human services and your values/beliefs about becoming a helping professional (whether in the nonprofit arena or case management):

#### E. Applicant’s Commitment

*In signing this application form for membership in Tau Upsilon Alpha National Organization for Human Services, I declare that the information I have provided on this form is true and correct and do hereby solemnly promise to pursue academic excellence, to maintain high moral and ethical character and to provide excellence in service to humanity. Furthermore, I commit myself to comply with and adhere to the By-Laws of the Tau Upsilon Alpha Honor Society, and to abide by the NOHS Code of Ethics.*

Applicants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

##### F. Verification from Institution

##### This section is to be completed and signed by a full-time faculty member within the program the applicant is currently in or has recently graduated from.

Faculty Member’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Full Name of Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Web address of the current institutional catalog with course listings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**G. Degrees and Accreditation**

Highest degree in Human Services or closely related field within the social sciences offered by the institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any other degrees closely related to Human Services or a closely related field within the social sciences offered by the Institution:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By what accrediting agencies is the Institution approved?

Please provide a short statement giving the reason why a chapter cannot be started at your institution at this time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date Received** | **Payment Type, Number and Amount** | **Level and Type of Membership** | **Official Transcript Received** | **Awareness of Service & Leadership** |
|  | 🞏 Cash  🞏 Check  🞏 Money Order  Check/Money Order No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount Pd. $\_\_\_\_\_\_\_\_ | 🞏 Associate  🞏 Bachelor  🞏 Graduate  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Student  🞏 Alumni | 🞏 Yes  🞏 No  **GPA** \_\_\_\_\_\_\_ | 🞏 Professional goals  🞏 Community service and/or fundraising  🞏 Memberships (organizations and affiliations)  🞏 Commitment to the field of Human Services |
| **2 Letters of Recommendation** |
| 🞏 Yes  🞏 No |
| **Date**  **Approved and Approver** | **Faculty Verification from Institution** | **Human Services or Related Field** | **Institution Accredited** | Minimum Hours  **Completed** |
|  | \_\_\_Yes \_\_\_No | 🞏 Major  🞏 Minor | 🞏 Yes  🞏 No | 🞏 Associate, 12 credit hrs in courses leading to degree  🞏 Bachelor, 3 f/time semesters or 5 f/time quarters  🞏 Graduate, the credit hours to = 1 f/term |