

Chi Alpha Epsilon

Founded at West Chester University



Initiate Data Form

Name: _____ S.S.# _____ - _____ - _____
Last First MI

Home Address: _____
City State Zip

College or University: *Northern Illinois University*

Local Address: _____
City State Zip

Home Phone: () School Phone: () Cell Phone: ()

E-mail Address: _____ Emplid: _____

Current Major: _____ Expected date of Graduation: / /

Hobbies, Interests, Talents, etc...

Future Aspirations:

(PLEASE CHECK ONE)

I give XAE and ACCESS permission to publish my name and/or photo

I DO NOT want any personal information about me published

In the tradition of past scholars, I pledge to continue to excel academically, to promote academic excellence in others, and to help those who genuinely aspire to achieve the same goals. Furthermore, I promise to uphold the Constitution of the Society, respect its traditions, and edify its membership.

Signature: _____

Date: _____