**Part I: PERSONAL INFORMATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name Student #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Email Phone Class Standing (Junior, Senior, Fifth Year)

 **Part II: BETA ALPHA PSI CANDIDACY**

 Do you want to enroll as a candidate in Beta Alpha Psi: YES NO

Are you interested in a leadership position with the organization?

If yes, you may be contacted by a BAP Officer. YES NO

**Part III: MEMBERSHIP FEE\***

Please submit check payable to UWB – Beta Alpha Psi for the amount based on the quarter applying/renewing:

* Fall renewal fee: $60
* Winter renewal fee: $40
* Spring renewal fee: $20
* Fall new applicant’s fee: $125
* Winter new applicant’s fee: $105
* Spring new applicant’s fee: $85

\*All new membership fees include a one-time $65 national fee!

\*All Applications submitted after BAP reporting deadlines will be recognized in the next quarter

Checklist:

* Completed application
* Membership fee $\_\_\_\_\_\_ (new members)
* Renewal fees $\_\_\_\_\_\_(current members)
* Joined UWB BAP listserv mailing list

**Part IV: HOUR COMMITMENT REQUIRED OF ALL MEMBERS AND CANDIDATES**

**I promise to complete 32 hours of professional and/or service hours each year I am a member, including 12 service hours, 12 professional hours and additional 8 hours of either professional or service.**

**I promise to attend at least one professional event and one service event each quarter I am a member.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature Date