

Beta Lambda Chapter



Illinois State University

Phi Sigma Society

Department of Biological Sciences
Campus Box 4120
Normal, Illinois 61790-4120

January 17, 2019

Dear Prospective Member,

It is my pleasure to invite you to join the Beta Lambda Chapter of the Phi Sigma Biological Honor Society. Phi Sigma is a member of the American Institute of Biological Sciences and is the only biological sciences honor society for graduate and undergraduate students recognized by the Association of College Honor Societies. The national office awards individuals demonstrating exceptional work in the biological sciences with certificates for outstanding scholastic achievement and monetary grants for outstanding research.

Our local Beta Lambda Chapter is very active and is the only chapter that raises money for grants to support student research. Phi Sigma is devoted to the promotion of research in the biological sciences, and each year we award thousands of dollars in research grants, for which members are eligible to apply. Our membership consists of faculty, graduate students, and select undergraduates, thus providing an opportunity for the free exchange of ideas outside of the usual student-professor settings. Phi Sigma sponsors seminars and a symposium, as well as several informal gatherings to promote communication and independent thought among biologists. Let me again emphasize that we are an honor society in biology, specifically directed toward research; you should feel free to list your membership as a professional affiliation on your resume or curriculum vitae.

The single lifetime initiation fee of \$50.00 covers the costs of your certificate of membership, your permanent registration, a t-shirt, opportunities for grant funding, and the opportunity to build connections within our community. Should your membership application be accepted, you will be initiated into the society at the Annual Spring Banquet and your active membership will commence after said initiation. The Spring Banquet will be at the end of April.

To apply for membership, please **fill out pages 2, 3, and 4 of the enclosed form** as an **active member (type or print** in black ink and **SIGN** where specified) and return it to me at the address below with \$50.00 cash or check (made out to Phi Sigma) **by February 1st, 2019**; no late applications will be accepted. For more information or assistance in filling out the application, please contact Ashley Waring, Vice President and Membership Chair of the Beta Lambda chapter.

Mailing Address: Ashley Waring
Phi Sigma Society
Illinois State University
Biology Office JH 210
Campus Box 4120
Normal, IL 61790-4120

Office: SLB 351
Email: alwarin@ilstu.edu

To help us comply with University and Federal Standards, please include the following on the provided sheet of paper: academic status, local address, e-mail address, and a phone number where you can be reached.

Sincerely,

Ashley Waring
Vice President and Membership Chair
Phi Sigma Society Beta Lambda Chapter

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New Member Information Sheet

Name: _____

Academic Standing (circle or bold one): Undergraduate MS PhD other: _____

If Undergraduate, please provide your year in school: _____

Are you in good academic standing? (circle one) Yes No

Research Advisor: _____

Local Address:

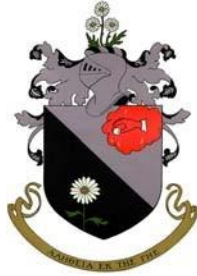
E-mail: _____@ilstu.edu

Phone #: _____

T-Shirt Size (unisex): _____

Phi Sigma

Biological
Sciences



Honor
Society

MEMBERSHIP RECORD

THIS IS TO CERTIFY THAT:

Last Name

First Name

Middle Name

by reason of interest thus far shown in biological science research, and of capabilities for future proficiency in this field of scientific work, after due consideration was elected to active membership in the Phi Sigma Society.

Signed by the Chapter Vice-President and
Chair of the Membership Committee

Signed by Chapter Secretary

Date voted upon: _____

I, THE CANDIDATE, HEREBY ACCEPT MEMBERSHIP IN _____
(Chapter Name)

CHAPTER OF PHI SIGMA, AND IN TOKEN THEREOF I HAVE PAID MY INITIATION FEE.

X

Candidate's Signature

Date of Initiation

Name of Chapter Council Representative: _____
Signature of Faculty Advisor

REVERSE SIDE MUST BE COMPLETED AS DIRECTED

OFFICIAL RECORD

Date: _____

Serial #: _____

(For Chapter Use Only)

To be completed by the Candidate and presented to the Chapter Vice President.

Last Name _____ First Name _____ Middle Name _____

Permanent Address:

Street _____ City _____ State _____ Zip Code _____

E-Mail Address(es): _____

Department Address or Address While At School (Include Chapter Location/Institution):

Department _____ Institution _____

Street _____ City _____ State _____ Zip Code _____

Field of Specialization: _____ Degrees to be Earned: _____

Honorary, Professional, and Scientific Societies or Associations: _____

If **Graduate Student**, Undergraduate Training Where: _____

Graduate Training: _____ Years, _____ Months

If **Undergraduate**, Current Class: Sophomore Junior Senior

The following **MUST BE COMPLETED**. Use numerical index (i.e. x out of 3.0; x out of 4.0, etc.) **DO NOT USE LETTER GRADES. REQUIRED** by the Association of College Honors Societies.

General Scholastic Average: _____ out of _____ undergraduate; and _____ out of _____ graduate

Candidate for the Degree of _____ Expect Graduation Date: _____

Department: _____ Major Subject: _____

Minor Subject (if any): _____

Thesis/Dissertation Title(s):

Independent or Collaborated Publications:

