

# Phi Sigma

## Biological Sciences



## Honor Society

August 28<sup>th</sup>, 2023

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 pupil-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, and opportunities for grant funding. Should your membership application be accepted, you will be inducted into the society at the end of the Spring semester and your active membership will commence during the Fall of 2024.

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 **via cash or check** (made out to Phi Sigma) **only by Friday, September 15<sup>th</sup> 2023**; no late applications will be accepted. For more information or assistance in filling out the application, please contact Clinton Warren, Membership Chair of the Beta Lambda chapter.

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

Office: BSC 247  
Email: [crwarr1@ilstu.edu](mailto:crwarr1@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,

**Clinton Warren**  
Membership Chair  
Phi Sigma Society Beta Lambda Chapter

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Biological  
Sciences



Honor  
Society

## 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:

.  
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E-mail: \_\_\_\_\_@ilstu.edu

Phone #: \_\_\_\_\_

T-Shirt (unisex) Size: \_\_\_\_\_

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## 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.

Candidate's Signature

Date of Initiation

Name of Chapter Council Representative: \_\_\_\_\_

Signature of Faculty Advisor

**REVERSE SIDE MUST BE COMPLETED AS DIRECTED**

**OFFICIAL RECORD**

Serial #:

Date: \_\_\_\_\_

\_\_\_\_\_  
(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: G Sophomore    G Junior    G 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: