

APPLICATION FOR MEMBERSHIP OF CHAPTER

Students: Please fill out this column.

I,.....
(full name of applicant)

of.....
(address)

.....*(email)*

hereby apply to become a member of The XXXXX chapter of Beta Alpha Psi. In the event of my admission as a member, I agree to be bound by the rules of the chapter for the time being in force.

I meet the membership criteria as set out in the Constitution. I have attached proof of eligibility to this application.

.....
Signature of applicant

Date.....

Students: Do not fill in. This will be completed when your membership criteria has been checked.

I,..... a member for the chapter,
(full name)

nominate the applicant, for membership of the chapter.

.....
Signature of proposer

Date.....

I,..... a member for the chapter,
(full name)

second the nomination of the applicant, for membership of the chapter.

.....
Signature of seconder

Date.....

OFFICE USE

- Meets Criteria
- Ready to contribute and understands need to attend meetings etc
- Approved for membership
- Email sent notifying of decision

Membership in Beta Alpha Psi shall be limited to those persons of good moral character who have achieved scholastic and/or professional excellence in the fields of accounting, finance, or information systems; who have been initiated according to the official ritual; and who are in good standing

A. Student Members.

Undergraduates:

- Insert chapter requirements

Postgraduates – course work and research

- Insert chapter requirements

Please show how you meet the criteria. Attach a copy of the transcript of marks and then, showing workings, prove that you meet the criteria.

Additional information required

1. Name
.....

2. Address
.....
.....

3. Phone
Landline
Cell

4. Email
University
Personal

5. School
.....

6. Membership Type (Undergraduate, Graduate, Faculty or
Honorary)
.....

7. Major (Please circle)
Accounting, Finance Information Systems

8. Membership Status
.....

9. Ethnicity (optional)
.....

10. Gender (optional)
.....

11. Birth Date (optional)
.....

OTHER CHAPTER SPECIFIC

.....
.....
.....
.....
.....
.....
.....

12. Candidate Start Date
.....

13. Initiation Date
.....

Information Management and Privacy

By completing the various sections of this application form or subsequent forms sent out to members as when registering for an event or meeting, you are supplying Beta Alpha Psi with information about yourself. Beta Alpha Psi (BAP) needs this information to maintain a record of your membership, communicate with you, carry out its activities, assist you if you have a disability and maintain contact with you when you have graduated. BAP must also satisfy the statistical and data requirements of as and when requested by governmental and any grant giving bodies and the Internal Revenue Service. Much of the information that is collected from you via all methods listed in the privacy policy is required by governmental and any grant giving bodies and the IRS and BAP is not permitted to accept your application unless the information is provided.

The information you supply is stored in the Reporting Intranet and internal and external databases listed in the Privacy Policy and is made available to the Executive Office, conference planners, the organising committees of meetings and competitions, the alumni section when you graduate and your local chapter as required. Information will be disclosed as listed in the Privacy Policy and to governmental and any grant giving bodies and the IRS in accordance with their directives.

The names and current projects of chapters and members may be published in electronic and or printed media highlighting the projects undertaken by BAP, its chapters or its members. If you do not want these details published, you should inform the executive office and your local chapter.

BAP will use the email address you provided with this application to contact you about matters related to your membership of BAP and to inform you about services available to you while you are a member or an alumni member.

BAP may also access your records to identify students who may be eligible for employment opportunities and may pass on a subset of the records to employers.

Beta Alpha Psi or your local chapter may publicise events by printing and distributing information and or pictures of members. Printed material may include names of members and descriptions of events. Pictures may be accompanied by identification details or they may be anonymous.

Other than the exceptions above and those listed in the Privacy Policy, BAP does not disclose personal information about members except with the consent of the member concerned or where required or authorised by legislation or court or criminal proceedings.

You have the right to access and correct any personal information concerning you held by BAP in its databases. Routine corrections, changes and enquiries should be directed to your local chapter reporting secretary. Your initial application, when accepted, and any subsequent changes will be confirmed with you by email.

Welcome to Beta Alpha Psi!