



Beta Beta Beta

Biological Honor Society



Omega Kappa Chapter

St. Olaf College

Application for Membership

Please PRINT clearly

First Name MI Last Name

Permanent Address (Street, City, State, Zip Code)

(_____) _____
Cell Phone Number

Email

Student ID Number

Sophomore Junior Senior

Major(s)

Concentration(s)

Expected Graduation (semester and year)

Member of Biology Club (Yes/No)

1. Biology Club Activity (completed, date)

1. Service related activity (completed, date)

2. Biology Club Activity or Bio Dept Activity (completed, date)

2. Service related activity (completed, date)

Initiation Fee: \$50.00

Please make checks payable to St. Olaf College

I have read and understand the requirements for membership. I understand that upon submission of this application, my payment is nonrefundable. I recognize that my membership will not be granted until I have completed all requirements for membership and am able to participate in the induction ceremony.

\$ _____
Total Payment

Applicant's Signature

Date

Please return this form along with your payment to the Tri-Beta post-office box in Buntrock Commons

Treasurer's Signature

Date Received