

ETA International Student Chapter Application

School Name: _____

Chapter Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____ @ _____

Website: _____

Faculty Advisor: _____

Faculty Advisor Phone: _____

Primary Contact Name: _____

Primary Contact Phone: _____

President: _____ Vice Pres: _____

Secretary: _____ Treasurer: _____



ETA International
5 Depot Street
Greencastle, IN 46135
800-288-3824
www.eta-i.org