



Chapter Advisory Board Position Interest Form

For best results when saving, use Adobe Acrobat Reader.

Thank you for your interest in being a Chapter Advisory Board member. Alpha Sigma Tau Chapter Advisory Board positions are volunteer positions appointed by the Executive Director. On the attached page is information regarding basic expectations of advisors and brief descriptions of each Chapter Advisory Board position. Chapter Advisory Board members' time commitment is 3-4 hours per week on average. Please make sure you have completed this form in its entirety and send it to Alpha Sigma Tau National Headquarters via e-mail at advisorapplication@alphasigmatau.org.

Please indicate the position(s) you are interested in by clicking in the box:

- Chapter Advisor
- Assistant Chapter Advisor
- Chapter Consultant
- Recruitment Advisor
- New Member Advisor

Please indicate a specific chapter (if any) that you are interested in advising

Name *(First, Middle, Maiden, Last)*

Chapter *(if applicable)*

Street Address

Unit/Suite *(Optional)*

City

State

Zip Code

Phone

Email

Initiation Year *(if applicable)*

Graduation Year *(if applicable)*

Current Professional Position *(if applicable)*

Birthdate *(MM/DD/YYYY)*

Personal Characteristics:

- | | | | |
|-------------|-----------------|---------------|------------|
| Organized | Punctual | Analytical | Sociable |
| Confident | Efficient | Energetic | Unbiased |
| Facilitator | Consistent | Team Oriented | Passionate |
| Decisive | Selfless | Leader | Motivating |
| Sensitive | Receptive | Instinctive | Adaptable |
| Articulate | Detail Oriented | Responsive | Ethical |



Positions held or committee involvement during your collegiate experience (if applicable):

Position Year

Position Year

Position Year

Position Year

Volunteer Experiences:

Position Reason for Leaving Position Dates

Position Reason for Leaving Position Dates

Would you like to provide a reference?

Name

Phone Email

Would you like to recommend a person to serve on a Chapter Advisory Board?

Name

Phone Email

Please read the following statement and sign below:

I understand that if I am selected as an advisor for the Alpha Sigma Tau Sorority that I am obligated to complete my term through Convention 2016 and remit my annual alumnae dues (\$40.00) by June 1 of each year. I will work closely with chapter members and the National Organization to learn, defend, uphold and abide by the Alpha Sigma Tau Values, Bylaws, Standing Rules, Policies and Procedures. I will neither violate nor tolerate those who violate the Tau Honor Principle. I understand that I am not a peer to the collegiate women and will maintain a healthy advisor/member relationship with the members. I will work to promote a positive relationship between the chapter, the National Organization, other advisors, chapter and area alumnae, and the college/university administration. I will represent Alpha Sigma Tau and serve as a positive role model. [This form requires an electronic signature. Click here for instructions.](#)

Applicant's Signature

Date (MM/DD/YYYY)

