



Eta Sigma Gamma

National Health Science Honorary * Alpha Gamma Chapter

University of North Florida * College of Health

1 UNF Drive * Jacksonville, FL 32224

Office: (904) 620-4017 * Fax: (904) 620-1035

Membership Application

1. Health Science majors with the Community Health track are eligible for membership with junior or senior status and have at least a 3.0 GPA in the upper level courses (3000 - 4000 level classes).
2. Membership in the Florida Association of Professional Health Educators (FAHPERD/FAPHE) is recommended but not required with your membership to ESG. The student fee is \$20 and you can apply at www.fahperd.org.
3. The ESG student membership fee is \$75, this amount includes National Initiation fees, one year of National dues, Local Initiation fees, and one year of Local dues. Please make your check payable to Eta Sigma Gamma.
4. Return your completed application, photo release, \$75 check and a copy of your unofficial transcripts to the University of North Florida, ESG Faculty Advisor Professor Merten, Bldg 39 Room 4014. You can slide the application under the door.
5. The photo release is attached and allows ESG to post group photos on the website, newsletter and bulletin board.
6. You will be notified in 2-4 weeks of your acceptance into ESG through BlackBoard. You will then need to pick up your membership package, attend a New Member orientation and plan to attend the next Induction Ceremony.
7. If you have any questions, please contact Faculty Advisor Professor Merten at JMerten@unf.edu.

Date of Application	
Full Name	
Street Address	
City	
State	
Zip Code	
Phone	
E-mail Address	
GPA	
Graduation Date	

Please choose the reason of your decision to join. Choose all that apply.

Resume Builder

Networking

Career Opportunities

Travel Opportunities

Participation in events

Other _____

Application Checklist

- ✓ Completed Application & Photo Release
- ✓ \$75 check payable to Eta Sigma Gamma
- ✓ Copy of unofficial transcripts

Return to:

University of North Florida
Brooks College of Health
Professor Julie W. Merten
1 UNF Drive
Jacksonville, FL 32224

ESG Official Use Only			
Received		National	
Paid Ck #		BB	
Transcript		Kit	
Release		Induction	

Thank you for your application, we look forward to working with you!!

UNIVERSITY OF NORTH FLORIDA
PHOTOGRAPHIC AND OTHER MEDIUM CONSENT, RELEASE AND ASSIGNMENT

**THIS AFFECTS YOUR LEGAL RIGHTS.
PLEASE READ CAREFULLY BEFORE SIGNING BELOW**

NOTE: If I am under eighteen (18) years of age, I understand that I am not permitted to execute this Release and Assignment without approval of my parent or legal guardian, who must execute this Release on my behalf.

I, _____, hereby grant to the University of North Florida Board of Trustees, a public body corporate (UNF), and those acting pursuant to its authority the absolute right and permission to:

- a. Record my participation and appearance on videotape, audiotape, film, photograph or any other medium.
- b. Use my name, likeness, voice and biographical material in connection with these recordings.
- c. Exhibit or distribute such recording in whole or in part without restrictions or limitation for any legal purpose, including without limitation educational or promotional purposes, which UNF, and those acting pursuant to its authority, deem appropriate.

I further grant to UNF the right to copyright such pictures and images in its own name or to publish, to market and to assign such pictures and images without further consideration, compensation or report to me.

I hereby waive any rights or interests that I might have in the pictures and images, including any rights to inspect and/or approve the finished photographs and images or the use of which the pictures and images may be applied so long as such use is lawful.

I, on behalf of myself, spouse, family, heirs, beneficiaries, and personal representatives, agree to release and forever discharge and covenant not to sue the University of North Florida Board of Trustees, the Florida Board of Governors, and the State of Florida, their officers, agents, employees, and representatives ("Releasees") from and against any and all liability for any and all claims, demands, actions, causes of action of whatever kind or nature, costs and expenses of any nature, including attorneys' fees ("Claims") that I may have or that may hereafter accrue to me, arising out of or related to any harm, loss, damage or injury, including but not limited to suffering, death or property loss that may be sustained by me, whether caused by my action or negligence or the action or negligence of Releasees or third parties.

I HAVE READ THE FOREGOING RELEASE AND ASSIGNMENT BEFORE SIGNING BELOW. I WARRANT THAT I AM 18 YEARS OF AGE OR OLDER AND FULLY UNDERSTAND THE CONTENTS OF THIS RELEASE.

Print name: Signature: _____ Date: _____

Address:

City: _____ State: _____ Zip: _____ Telephone: _____

PARENT/GUARDIAN OF A MINOR

I HEREBY CERTIFY that I am the parent and/or guardian of _____, a minor under the age of 18 years, and in consideration of value received, the receipt of which is hereby acknowledged, I hereby consent that any photographs which have been or about to be taken by the photographer may be used by same for the purposes as set forth above, signed by the minor, with the same force in effect as if executed by me.

Print name: Signature: _____ Date: _____

Address:

City: _____ State: _____ Zip: _____ Telephone: _____