

Omega Gamma Chi



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Honor Society Application

Name: _____ Mr. Mrs. Ms. Dr.

Address: _____ Apt or Unit: _____

City: _____ State or Province: _____ Zip Code _____

Email Address: _____ Highest Degree Attained: _____

College or University: _____ GPA: _____

Teaching Certification Date: _____ Issuing State or Province: _____

Please enroll me in Omega Gamma Chi \$75.00

I am a member of NASET: Yes Please renew my NASET Membership \$45.00*

No Please start my NASET Membership \$59.00

* (\$45.00 Membership Renewal Fee is Only Available to Omega Gamma Chi Applicants & Members)

I hereby confirm, that to the best of my knowledge, the information entered above is both truthful and accurate.

Signature _____ Date: _____

(please sign and date)

Fee Payment Method: Check Credit Card *(complete and submit next page with this application)*

Credit Card Authorization Form

Customer Name: _____ (Exactly as is appears on card)

We accept the following credit cards:



Credit Card Type: VISA _____ Master Card _____ AMEX _____ Discover _____

Card Number: _____ CVC Code _____



Exp. Date: _____ (mm/yy) Honor Society Fee - \$75.00
 NASET Membership Renewal (\$45) - \$ _____
 New NASET Membership (\$59) - \$ _____

Total enclosed or to be charged \$ _____

Credit Card Billing Address: _____

I authorize NASET to charge my credit card listed above for “Total to be charged” as indicated above.

Cardholder’s Name: _____

Signature: _____

Ship to Address:
 Same as Billing - ()

Upon successful entry of payment information you will receive an email confirmation of your payment.

Email address for confirmation of payment processing: _____

Fax form to : 1-800-424-0371 or Mail to:

NASET Processing Center
 3642 E. Sunnydale Drive
 Chandler Heights, AZ 85142