



Sigma Theta Tau, Inc.
INTERNATIONAL HONOR SOCIETY OF NURSING

Alpha Chi Chapter
Boston College, School of Nursing

Chestnut Hill, MA 02467

Community Leader Packet

Dear Applicant:

Thank you for requesting an application. In order to facilitate your application's review, please follow these directions.

1. Answer all questions that apply to you. We cannot return applications to you for additional information.
2. Please try to enclose the endorsements along with the applications.
3. General membership drive is held in the fall of each year. Completed applications must be returned by December 10, 2001 to **Patricia Tabloski** (Cushing Hall 336D). Applicants will be voted on by the membership in January. Shortly after the membership vote, applicants will be notified of their status. Induction for all new members is held annually in April.
4. If you are currently a member of another chapter of Sigma Theta Tau, and are interested in joining Alpha Chi Chapter, forms for dual or transfer membership are available from Nancy Fairchild.
6. If you have any questions, please call **Patricia Tabloski** (617.552.4065).

Sincerely,

Eligibility Committee

The Purposes of Sigma Theta Tau International are:

1. Recognize superior achievement
2. Recognize the development of leadership qualities.
3. Foster high professional standards.
4. Encourage creative work.
5. Strengthen commitment to the ideals and purposes of the profession.



Sigma Theta Tau International

Membership Intent Form

_____ Chapter

COMMUNITY LEADER

CRITERIA: Nurses with a minimum of a baccalaureate degree who have demonstrated marked achievement in education, practice, research, administration or publication.

Name: _____
(Last) (First) (Middle Initial)

Present Address: _____

Phone Number: _____

Former Education: (List highest degree first and attach a copy of documentation of highest degree received)

Please check areas of achievement in Nursing:

_____ Education	_____ Administration
_____ Practice	_____ Publication
_____ Research	_____ Other (please indicate) _____

Please list your most recent (last five years) contributions to nursing in areas checked above.

Candidate's Signature

Date

Please attach to this form two letters of endorsement from active members of Sigma Theta Tau International.

Applicant Name _____

Telephone Numbers: _____

Check one: **Undergraduate** **Graduate** **Community Leader**

List name and address of each person from whom endorsements have been requested.

1. Name: _____

Address: _____

Check at least one:

Faculty Member **Sigma Theta Tau Member**

2. Name: _____

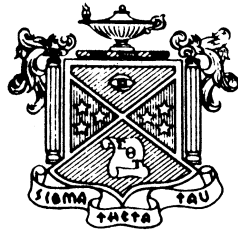
Address: _____

Check at least one:

Faculty Member **Sigma Theta Tau Member**

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Sigma Theta Tau International

Endorsement for Membership

_____ Chapter
COMMUNITY LEADER

DEFINITION: An endorsement is a letter supporting an individual for membership* in the chapter. Two endorsement per individual are necessary in order for an application to be considered by the Chapter Eligibility Committee. The endorsements are required to be from active members of Sigma Theta Tau International.

This endorsement enables the candidate to be considered for membership. The Eligibility Committee of the chapter invites your letter of endorsement supporting the following individual for membership:

_____ is applying for membership in the
 _____ Chapter

On the basis of this student’s achievement and my knowledge of the purposes of Sigma Theta Tau International, I heartily endorse this individual for membership in the chapter.

Signature: _____ Date: _____

Chapter Membership: _____

Position: _____

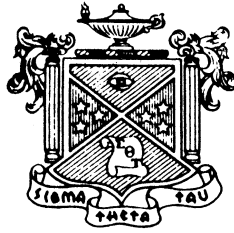
Relationship to Applicant: _____

Comments: (if desired)

*A community nurse leader is eligible for membership if the leader has a minimum of a bachelor’s degree and has demonstrated marked achievement in nursing in at least one of the following areas: education, research, practice, administration, or publication.

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