



BETA ALPHA PSI
Delta Theta Chapter
Initiated Member Contract

I, _____, recognize that as an initiated member of this national organization, my involvement, or lack thereof, has direct impact on my chapter's goal of achieving superior chapter status. It is my responsibility to ensure that my chapter's objectives are met through active participation and commitment.

Therefore, I agree to be an active member during my membership. Being active means fulfilling the minimum requirements set forth by the Delta Theta Chapter's Executive Board at the beginning of each semester, including participation in professional, social, community service and fundraising events as well as payment of dues.

If for any reason, I am unable to fulfill these duties, Beta Alpha Psi Delta Theta reserves the right to rescind my membership to the organization.

Sincerely,

Signature

Date

This agreement may be amended, modified, or supplemented only by the current semester's Executive Board.



BETA ALPHA PSI
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Initiated Member Agreement Form

Please list the accounting courses you have taken and the grades you received:

Accounting 200	_____	_____	_____	_____	_____
Accounting 210	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I, _____, hereby consent to have my name on a list of Beta Alpha Psi candidates and members, which may be distributed to business firms. I understand that the UNIVERSITY OF HAWAII and BETA ALPHA PSI will not be liable for any claims and damages to persons or property, either directly or indirectly, arising from my participation in Beta Alpha Psi activities. I have read the requirements for membership into Beta Alpha Psi, including mandatory participation in club activities including fundraising and the grade requirements for membership, and understand that failure to fulfill these requirements may exclude me from membership into Beta Alpha Psi at any time.

I also certify that the information provided in this agreement and my application form is accurate and true and any discrepancies discovered are grounds for exclusion from membership into Beta Alpha Psi at any time.

Signature _____ Date _____

Contacts:

Jillian Marc Jefry Felipe jmjaf@hawaii.edu
Jenny Teruya jteruya@hawaii.edu

Email a scanned copy of the completed agreement form and contract to bap@hawaii.edu.
Email your unofficial transcripts by semester including all transferred credits to jteruya@hawaii.edu.
Complete the application via Google Forms at <https://www.bapuhm.org/membership.html>
Chapter Dues: \$40.00 (non-refundable)
T-shirt Fee: \$15.00 (optional)
All dues and fees must be paid in cash or check made payable to “Beta Alpha Psi - Delta Theta”
Deadline for applications, dues, fees, and transcripts: ***5pm on Sunday, September 10, 2023 (at Intro Social)***
Failure to submit/complete all required components by the deadline may result in termination of membership.