

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
Honor Society of Nursing

Membership Intent Form

_____ Chapter*

Nurse Leader

CRITERIA: Nurses must be registered nurses, legally recognized to practice in their country with a minimum of a baccalaureate degree or the equivalent in any field, and have demonstrated achievement in nursing.

Name _____
(last) (first) (middle initial)

Present Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Permanent Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Phone _____ E-mail _____

Former Education (list highest degree first and attach a copy of documentation for the 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:

Signature

Date

*If you do not have a connection with a Sigma Theta Tau International chapter, please indicate connections you have with any U.S. universities. Also, if you are unsure which chapter to join, please return this form to Sigma Theta Tau International headquarters, Chapter Services Manager, 550 West North St., Indianapolis, IN 46202.

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
Honor Society of Nursing

Membership Intent Form

_____ Chapter

Graduate Student (Master's or Doctorate)

CRITERIA: Each graduate (master's or doctoral) candidate for membership is required to meet the criteria for the graduate category of membership. Graduate students are required to have completed $\frac{1}{4}$ of the required graduate curriculum, have achieved a 3.5 GPA on a 4.0 grading scale or its equivalent, and meet the expectation of academic integrity.

Name _____
(last) (first) (middle initial)

Present Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Permanent Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Phone _____ E-mail _____

Graduate Nursing Courses Completed:

_____	_____
_____	_____
_____	_____
_____	_____

Under the provisions of the "Family Educational Rights and Privacy Act of 1974," I grant access to my academic record to the Chapter Eligibility Committee chairperson for consideration of my membership to Sigma Theta Tau International.

Student's Signature

Date

Please attach to this form two letters of support or membership endorsement forms. (At least one of the two endorsers is required to be a member of the nursing faculty. At least one of the two endorsers is required to hold active membership in Sigma Theta Tau International.)

* Option: A transcript may be required.

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

Honor Society of Nursing

Membership Intent Form

_____ Chapter

Undergraduate Student

CRITERIA: Each undergraduate candidate for membership is required to meet the criteria for the undergraduate category of membership. Undergraduate students are required to have completed ½ of the nursing curriculum, have at least 3.0 GPA on a 4.0 grading scale, rank in the upper 35% of the graduating class and meet the expectation of academic integrity.

Name _____
(last) (first) (middle initial)

Present Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Permanent Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Phone _____ E-mail _____

Present Level in Nursing Program (circle one): _____ Junior _____ Senior

Undergraduate Nursing Courses Completed:

_____	_____
_____	_____
_____	_____
_____	_____

Under the provisions of the "Family Educational Rights and Privacy Act of 1974," I grant access to my academic record to the Chapter Eligibility Committee chairperson for consideration of my membership to Sigma Theta Tau International.

Student's Signature

Date

Please attach to this form two letters of support or membership endorsement forms. (At least one of the two endorsers is required to be a member of the nursing faculty. At least one of the two endorsers is required to hold active membership in Sigma Theta Tau International.)

* Option: A transcript may be required.