



DELTA EPSILON TAU HONOR SOCIETY

OFFICIAL APPLICATION FOR CHARTER

Name of Institution _____

Address _____

Telephone () _____ Fax () _____

Graduation Dates/Months _____

Type of assistance by Federal or State Government, if any _____

President, Owner, or Director _____ Title/Email _____

Primary Contact Person _____ Title/Email _____

The names of Charter Members including students, faculty, alumni and Honorary exactly as they are to appear on Certificates of Membership (indicate student, faculty, etc). Duplicate form as necessary.

Fee Calculation Sheet

The one-time Charter fee is based upon the total cash collections for all distance education activity from the most recent calendar year.

| | |
|------------------------|-------|
| Under \$249,999 | \$200 |
| \$250,000 to \$999,999 | \$300 |
| Over \$1,000,000 | \$400 |

We enclose one-time Charter fee of \$ _____. There are no dues. If you would like your Charter framed, please note here: Yes ____ No ____ The cost of framing and shipping is \$50. We enclose () or will send later () a \$45 fee for each DETHS Charter Member. This covers the Gold Key, Membership Certificate, Congratulatory Letter and Narrative.

Signature _____ Date of Application _____

Please scan/email your charter application to det@deths.org, fax to 302.541.0450, or mail to:
Delta Epsilon Tau, 31257 Bird Haven Street, Ocean View, DE 19970