

SALUTE

VETERANS NATIONAL
HONOR SOCIETY

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CHAPTER MEMBERSHIP APPLICATION

Institution Name: _____
(as it will appear on membership certificate)

SALUTE Chapter Director's Name: _____

Address: _____
Street/Dept City State Zip

Phone Number: _____ Fax: _____

Email address: _____

The institution applying for chapter membership agrees to the following conditions:

- Abide by all guidelines as set forth by the SALUTE National Honor Society Executive Steering Committee.
- Maintain the integrity of the honor society by independently verifying a member's GPA, transcripts, and military status.
- A \$100 lifetime fee will be assessed upon initial application. Checks may be made payable to SALUTE National Honor Society.
- Any changes to the chapter's director, contact information, or other pertinent information must be relayed to the SALUTE national headquarters as soon as possible.

Applicant's Printed Name

Applicant's Signature

Date