



ΔΔΕ

# Delta Delta Epsilon

The Forensic Sciences Honor Society

## INTERNATIONAL CHAPTER MEMBERSHIP RECORD FORM

To ensure prompt processing, please make sure form is complete and correct. PLEASE TYPE and email.

Full Name of Institution

Address

City  State/Province  Zip Code

Country  Phone (Including country code)

Fax (Including country code)  Website

Approximate Number of Students in Program

Is your program accredited by FEPAC?

What degrees are offered?

### Contact Person

Salutation  Full Name

Position with Program  Email

Phone (Including country code)

**Charter Statement:** I hereby acknowledge an invitation to become an International Chapter of Delta Delta Epsilon.

Signature  Date

*For International Office Use Only*

This application is approved and a chapter of the Delta Delta Epsilon Society is created.

Signature (Secretary) \_\_\_\_\_ Date \_\_\_\_\_ Chapter Name and Number \_\_\_\_\_