**HONOR SOCIETY OF NURSING**

**SIGMA THETA TAU INTERNATIONAL Nursing Faculty Membership Application**

**PLEASE READ CAREFULLY:**

Thank you for your interest in the Honor Society of Nursing, Sigma Theta Tau International membership.

***This application can only be submitted if you are currently NOT enrolled in a nursing degree program at an institution of higher learning where a chapter is located, you hold a Baccalaureate Degree or equivalent,*** *have*  ***not*** *been previously inducted into the honor society* ***and are legally recognized to practice nursing in your country.***

Instructions: Complete this required information for consideration for membership in Sigma

Theta Tau International.

**Personal Information**

Name

(Name and Credentials)

Home

Address (Number and Street)

(City/Province, State, Postal Code, Country)

Business

Address (Employer Name/Department)

(Number and Street)

Telephone

Numbers

(City/Province, State, Postal Code, Country)

(Office) (Home)

Fax Number

Business

E-mail address

Home

E-mail address

Should STTI use your “business” or “home” e-

mail address for communication?

Preferred Sigma Theta

Tau Chapter (if known) Gamma Kappa, University at Buffalo School of Nursing

Please return (fax, email, mail) to:

Dr. Janice Jones

STTI, Gamma Kappa Governance Chair

University at Buffalo

School of Nursing

222 Wende Hall

Buffalo, NY 14214

716-829-2304 (office)

716-829-2021 (fax)

[jsylakow@buffalo.edu](mailto:jsylakow@buffalo.edu)