

## **Delta Epsilon Chi Membership Form**

*University of Nebraska at Omaha*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Expected Year of Graduation: \_\_\_\_\_

Major: \_\_\_\_\_

GPA: \_\_\_\_\_

**Please return this form and your \$20.00 dues to:**

Tom Centarri  
5012 South 98th St.  
Omaha, NE 68127

H: 339-7652  
M: 740-3533  
Decacrazytom18@aol.com

Paid: Yes \_\_\_ No \_\_\_