



Irvine Valley College
American Criminal Justice Association/LAE - CHI TAU EPSILON (XTE) Chapter
LOCAL MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ ZIP _____

PHONE: Cell: (____) _____ Okay to text Y / N Other Phone _____

EMAIL ADDRESS _____

CURRENTLY ENROLLED UNITS: _____ GPA _____

Are you currently employed? Y / N If so, how many hours per week? _____

AGE: ____ (Students under the age of 18 need a parental waiver in order to participate)

CAREER GOALS:

EDUCATIONAL GOALS:

Why are you interested in becoming a member of XTE

What can you offer to XTE as a member?

Please turn in this form to the membership coordinator at the next XTE meeting along with a check or money order (Payable to: ASIVC / XTE) for membership dues of \$20.00. Thank you and we look forward to your participation.

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XTE Membership Committee Use Only

Date application submitted:

Date attended first meeting:

Date accepted as member:

Signature of membership committee chairperson _____