



## Explorers Enrollment Form

Sigma Xi, The Scientific Research Honor Society  
P.O. Box 13982 • Research Triangle Park, NC 27709  
800-243-6534 • 919-549-4691 • Fax 919-549-0090  
www.sigmaksi.org • explorers@sigmaxi.org

### Contact Information

Preferred Prefix (Please select one): ☐ Ms. ☐ Mr.

**Please submit completed enrollment form  
via e-mail to [explorers@sigmaxi.org](mailto:explorers@sigmaxi.org)**

Name (First, Middle, Last)			Birth Date (MM/DD/YYYY)
Address			Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell
City	State	Zip/Postal Code	Country
E-Mail (Sigma Xi does not share your e-mail address with outside parties)			

### Education Information

Name of School:	
Grade	Expected Year of Graduation
Name of Recommending Teacher:	
Teacher's Phone:	
Teacher's Email:	

For applicants under the age of 18:  
*I certify that I am the parent, guardian, or  
legal custodian of*

*I authorize for him/her to join Sigma Xi  
Explorers.*

Name of Parent or Guardian
Phone (include area code)
Email
Parent/Guardian Signature

#### Areas of Interest:

- ☐ Agriculture & Natural Resources
- ☐ Mathematics & Computer Sciences
- ☐ Biological Sciences
- ☐ Engineering
- ☐ Health Sciences
- ☐ Physical & Earth Sciences
- ☐ Social Sciences
- ☐ Other: \_\_\_\_\_

#### American Scientist Magazine Subscription: (Please select one)

- ☐ Digital (included)
- ☐ Print (additional \$10)

#### Future Sigma Xi Mailings: (Please select one)

- ☐ I only wish to receive mailings from Sigma Xi and American Scientist Magazine
- ☐ Please do not use my address in the future for any marketing mailings. I understand that I will still receive mailings related to Sigma Xi Explorers

#### Gender (Optional):

- ☐ Male ☐ Female ☐ Other

#### Ethnicity (Optional):

- ☐ African American/Black
- ☐ American Indian
- ☐ Asian ☐ Caucasian
- ☐ Hispanic ☐ Multi-Ethnic
- ☐ Pacific Islander ☐ Other

### Payment Information

- ☐ 1-Year \$20 ☐ 3-Years \$60
- ☐ 2-Years \$40 ☐ 4-Years \$80
- ☐ Check Enclosed (Payable to Sigma Xi)
- ☐ Credit Card
- ☐ Visa ☐ American Express
- ☐ MasterCard ☐ Discover

_____ - _____ - _____ - _____ Card Number	
____ / ____ Expiration Date	_____ Security Code
_____ Billing Zip Code	
_____ Name on Card	