

*Epsilon Gamma Chapter*  
**BETA ALPHA PSI**  
The National Accounting Organization

**Information Sheet**

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

Expected Graduation Date: \_\_\_\_\_

Graduate/Undergraduate: \_\_\_\_\_

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

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

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

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Special Dietary Needs (i.e. Kosher, Vegetarian, Food Allergies, etc....) *For Event Planning Purposes Only:*

\*\*Please hand this sheet in to Marc Yeager (Candidate Coordinator)



# Beta Alpha Psi

**Maintaining Membership**

**Spring 2012**

**To maintain Beta Alpha Psi Membership, members must;**

- \*Maintain at least a 3.0 GPA (cumulative and major)
- \*Pay membership dues
- \*\*Meet Activity requirements
  - Attend at least 5 professional events
  - Attend at least 3 service event
  - Attend at least 2 social events

All events will be posted on the bap webpage: [www.bapucf.com](http://www.bapucf.com)

All graduating members that are in good standing will receive a Beta Alpha Psi chord the last meeting of the semester.

Any member that fails to meet the minimum requirement will be listed as "Under Probation" and will be subjected to the actions outlined in the chapter constitution.

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

Cumulative GPA: \_\_\_\_\_ Major GPA \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**\* This form, a degree audit, information form and membership dues (\$40) must be turned in at the BAP office (BA1 361) by February 1<sup>st</sup> 2012.**

**\*\* Note that you must attend 10 total events (meetings count as either a professional or a social, not both).**

# Candidate Scavenger Hunt

**Due Feb 1<sup>st</sup> 2012**

**Introduce yourself to the Beta Alpha Psi Adviser and have her sign below:**

\_\_\_\_\_

**Have five accounting faculty sign on the lines below:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Have the president and four other officers from Beta Alpha Psi sign on the lines below.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Where is the Accounting Help Desk (room number)?** \_\_\_\_\_

**SARC offers Peer Tutoring for what accounting classes?** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**What is the BAP web address for the Epsilon Gamma Chapter?** \_\_\_\_\_

**Name each of the Big 4 Accounting Firms:** \_\_\_\_\_

\_\_\_\_\_

**What do the letters Beta, Alpha, and Psi denote?** \_\_\_\_\_

**Candidate Name (Please Print)** \_\_\_\_\_

**Pledge Signature** \_\_\_\_\_

This form, an official transcript, information forms, and your candidate dues (\$85) must be turned in at the BAP office (BA1 361) by February 1<sup>h</sup> 2012.



APPLICATION FOR MEMBERSHIP OF CHAPTER

Students: Please fill out this column.

I,.....  
(full name of applicant)

of.....  
(address)

.....(email)

hereby apply to become a member of The XXXXX chapter of Beta Alpha Psi. In the event of my admission as a member, I agree to be bound by the rules of the chapter for the time being in force.

I meet the membership criteria as set out in the Constitution. I have attached proof of eligibility to this application.

.....  
*Signature of applicant*

Date.....

Students: Do not fill in. This will be completed when your membership criteria has been checked.

I,..... a member for the chapter,  
(full name)

nominate the applicant, for membership of the chapter.

.....  
*Signature of proposer*

Date.....

I,..... a member for the chapter,  
(full name)

second the nomination of the applicant, for membership of the chapter.

.....  
*Signature of seconder*

Date.....

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OFFICE USE

- Meets Criteria
- Ready to contribute and understands need to attend meetings etc
- Approved for membership
- Email sent notifying of decision

Additional information required

1. Name

.....

2. Address

.....

.....

3. Phone

Landline .....

Cell .....

4. Email

University .....

Personal .....

5. School

.....

6. Membership Type (Undergraduate, Graduate, Faculty or Honorary)

.....

7. Major (Please circle)

Accounting,      Finance      Information Systems

8. Membership Status

.....

9. Ethnicity (optional)

.....

10. Gender (optional)

.....

11. Birth Date (optional)

.....

OTHER CHAPTER SPECIFIC

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12. Candidate Start Date

.....

13. Initiation Date

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Outdoor Adventure Medical Information Form

Please print legibly.

I. General Information

- 1. Name Today's Date
2. Address Street # City St Zip
3. Cell phone Work Phone
4. ( ) Male ( ) Female Height Weight DOB
5. Group or Organization

II. Emergency Contact Information

First / Last Name Relation
Cell Phone Work Phone

III. Medical History

1. Do you currently have or have had in the past 5 years any of the following symptoms or conditions?

- Yes No Asthma Yes No Back, Neck, Knee problems
Yes No Broken Bones Yes No Chest Pains, Palpitations, or Heart Murmur
Yes No Diabetes Yes No Pregnant (Just Current)
Yes No Epilepsy Yes No Heart Disease or Attack
Yes No High Blood Pressure Yes No Stroke

WE HIGHLY RECOMMEND THAT PARTICIPANTS WITH ASTHMA BRING INHALERS.

2. Check any of the following current allergies.

Poison Ivy Ants Pollen Bees Grass Specific Medication

If checked, explain allergic reaction for each allergy.

3. Are you currently taking prescription medication, or over-the-counter? YES NO

Name: How Often: Dosage:
Name: How Often: Dosage:

4. Check and date any of the following heat conditions you've experienced in the past 5 years.

Dehydration Date (include year) Were you hospitalized? YES NO
Heat exhaustion Date (include year) Were you hospitalized? YES NO
Blacked out Date (include year) Were you hospitalized? YES NO

IV. Signature

I am aware of my past and present health and fitness condition when engaging in strenuous activity. I fully understand the rigorous nature of the Challenge Course and I assume all responsibility, risk and liability pertaining to my physical condition.

Participant Printed Name Participant Signature Parent or Legal Guardian Signature Date
(If participant is under 18 years old)

Members and Candidates



*Notice:* By signing this agreement you give up your right to bring legal action or recover compensation or obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your use of the **University of Central Florida Challenge Course** now or anytime in the future.

### **Release of Liability and Assumption of Risk**

1. In consideration for receiving permission for use of the **UCF Challenge Course** (herein referred to as **ACTIVITY**), which is sponsored by the Recreation and Wellness Center (herein referred to as **SPONSOR**), a component member of **THE UNIVERSITY OF CENTRAL FLORIDA**, I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS** for any and all purposes **SPONSOR**, **THE UNIVERSITY OF CENTRAL FLORIDA**, the **UCF BOARD OF TRUSTEES**, the **STATE OF FLORIDA** and the **FLORIDA BOARD OF GOVERNORS** and their respective officers, servants, agents, volunteers, or employees (herein collectively referred to as **RELEASEES**) **FROM ANY AND ALL LIABILITIES, RESPONSIBILITIES, CLAIMS, DEMANDS, CAUSES OF ACTION OR INJURY, INCLUDING DEATH**, that may be sustained by me while participating in such **ACTIVITY**, or while on the premises owned or leased by **RELEASEES**. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate.

2. I am fully aware that there are inherent risks involved with **ACTIVITY**, including but not limited to possible physical injury and loss of life (i.e. **ACTIVITY** includes but is not limited to rock climbing and other physically challenging activities) and I choose to voluntarily participate in said **ACTIVITY** with full knowledge that said **ACTIVITY** may be hazardous to me and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me as a result of participating in said **ACTIVITY**, whether supervised or unsupervised. I further agree to indemnify and hold harmless the **RELEASEES** for any loss, liability, judgment, settlement, damage or costs, including court costs and attorney's fees for both the trial and appellate levels that may occur as a result of my participation in said **ACTIVITY**.

3. I understand that **RELEASEES** do not maintain any insurance policy covering any circumstance arising from my participation in this **ACTIVITY** or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.

4. I hereby certify that I am at least 18 years of age and am legally competent to sign this release form. If I am under the age of 18, I have had legal parent/ guardian sign this agreement, along with myself. It is my express intent that this release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Florida.

I hereby represent that I have read this release form in its entirety and understand all of the terms and conditions it contains and understand that I am giving up substantial rights by signing it, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from this release form have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

**Participant Printed Name:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_

Date Signed: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ *Example: Month 06 Day 01 Year 1945*

**PID ID #:** \_\_\_\_\_

**Parent or Legal Guardian Signature:** \_\_\_\_\_

(If Participant is under 18 years old)

**Witness Printed Name:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_