

DELTA SIGMA PI
PROSPECTIVE MEMBER APPLICATION

Please print all information:

Date: _____ Email Address _____

Last: _____ First: _____ Middle _____

Called: _____ Maiden Name (If applicable): _____

School Mailing Address: _____

City/State/Zip: _____

Permanent Address: _____

City/State/Zip: _____ Citizenship: _____

Social Security Number (Optional): _____ Marital Status: _____

Phone: _____ Birth Date: _____ Sex: M F

Name and Address of Parents or Nearest Relative _____
Full Name(s) & Relationship

Street Address, City, State, Zip Code & Telephone Number

Semester you are applying for _____

Year in school (Please circle one): **FR** **SOPH** **JR** **SR** **GRAD**

Expected date of graduation: _____ Major: _____ Minor: _____

Is your cumulative Grade Point Average at least 2.0: **Y** **N**

How many hours are you carrying this semester? _____

Do you work? **Y** **N** If yes, how many hours? _____

List campus organization with which you are affiliated: _____

Preliminary Education _____
Name of High School _____ City, State _____

Other Colleges, University Attended _____
Name _____ City, State _____

_____ Name _____ City, State _____

Please list any current or Alumni members of Delta Sigma Pi you know: _____

How did you learn of Delta Sigma Pi? _____

If you were referred by someone, who? _____

If the answer to either of the next two questions is **NO**, please ask a brother of Delta Sigma Pi to explain the requirements to you.

Have our financial obligations been clearly explained? **Y** **N**

Do you clearly understand the time commitments of our organization? **Y** **N**

Signature of Applicant