



## New Member Form

### INSTRUCTIONS:

**New Member:** Please give to Chapter Treasurer with your dues.

**Chapter Treasurer:** Ensure your state organization treasurer receives this form after entering the member in the dues portal.

For membership commencing between July 1 and December 31, the member shall pay dues, and scholarship fee for the current year. For membership commencing on or after January 1, the member shall pay one-half the international membership dues. Chapter and state organization dues may be pro-rated as the chapter/state organization determines.

Dr.

First Name	Middle Initial	Last Name
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Mailing Address \_\_\_\_\_

City	State/Province	Zip/Postal Code	Country
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Chapter (Greek Name)	State Organization (Geographical Name)
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Degrees Held:

Bachelor    Master    Doctorate   \_\_\_\_\_    Other   \_\_\_\_\_   Date of Birth \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell (optional): \_\_\_\_\_

Home E-Mail Address: \_\_\_\_\_

Join Date: \_\_\_\_\_ Membership Status:    Active    Honorary    Collegiate

Chapter Treasurer's Signature  
(Treasurer's Member ID): \_\_\_\_\_