

## **New Member Form**

## **INSTRUCTIONS:**

New Member: Please give to Chapter Treasurer with your dues and induction fee.

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

Members who join on or after July 1 and before January 1 will pay the induction fee, dues, and scholarship fee. Members who join on or after January 1 and before July 1 shall pay half the dues and the induction fee amount in accordance with the chapter rules.

☐ Dr.			
First Name	Middle Init	ial Last Name	e
Mailing Address			
City	State/Province	Zip/Postal Code	Country
City	State/110vinee	Zip/i ostai code	Country
Chapter (Greek Name)		State Organization (Geogra	phical Name)
Degrees Held:			
Bachelor Master	Doctorate		
		Other	Date of Birth
Home Telephone Number:		Cell (optional):	
Home E-Mail Address:			
Join Date:	Membership Star	tus: Active Honor	ary Collegiate
Chapter Treasurer's Signature (Treasurer's Member ID):			