New Member Form

INSTRUCTIONS:

New Member: Please submit this form to your 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 _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Chapter (Greek Name) _____ State Organization (Geographical Name) _____

Degrees Held:

☐ Bachelor ☐ Master ☐ Doctorate _____ Other _____ Date of Birth

Home Telephone Number: _____ Cell (optional): _____

Home E-Mail Address: _____

Join Date: _____ Membership Status: ☐ Active ☐ Collegiate

Chapter Treasurer's Signature
(Treasurer's Member ID): _____