



PLEASE FILL IN ALL BLANKS AND PRINT CLEARLY

GAMMA IOTA SIGMA

APPLICATION FOR MEMBERSHIP

17 S. High Street Ste 200
Columbus, Ohio 43215
614-221-1900



CHAPTER

DATE

UNIVERSITY ATTENDING OR ATTENDED

NEW MEMBERSHIP RENEWAL MEMBERSHIP

NAME	LAST	FIRST	MIDDLE	DATE OF BIRTH		
MR.				MO	DA	YR
MS.						

CAMPUS ADDRESS	STREET	CITY	STATE	ZIP CODE	EMAIL
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PARENT OR GUARDIAN NAME	LAST	FIRST	MIDDLE
MR./MRS.			
MR.			
MS.			

PERMANENT MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<input type="checkbox"/> PERSONAL				
<input type="checkbox"/> PARENTS				

INDUSTRY EXPERIENCE	DATES	POSITION	REMARKS – Industry Training or career interest	PROFESSIONAL DESIGNATIONS
COMPANY				

GRADUATION DATE	DEGREE / MAJOR	FOR HEADQUARTERS USE ONLY		
MO		PAYMENT REC'D	CERTIFICATE PREPARED	DATABASE
DA	<input type="checkbox"/> EXPECTED			
YR	<input type="checkbox"/> COMPLETED			

CHAPTER SECRETARY: RETAIN A COPY; SEND ORIGINAL TO:
GRAND CHAPTER, GAMMA IOTA SIGMA
17 S. HIGH STREET STE. 200, COLUMBUS, OH 43215

7/05 Visit us at www.gammiotasigma.org or email grand@gammiotasigma.org

----- Detach here -----

Directions for filling out application card:

1. Fill in **ALL** blanks
2. **PRINT CLEARLY**
3. If you reside in your own home/apartment (not an dorm or campus apartment) then place this address on the Permanent Mailing Address line and check mark the box next to personal.
4. If you live in a Campus Dorm or Apartment then place this address on the Campus Mailing address line.
5. Please provide Parents Mailing address if you do not reside in your own home or off campus apartment.