

**Sigma Lambda Gamma National Sorority, Inc. – Lambda Gamma Chapter
Advisory Committee Application**

Please complete the Advisory Committee Application on the lower portion of this page, to the best of your ability.

Please indicate which of the Advisory Committee positions you are applying for.
_____ **Chapter Advisor** for the January 20__ - December 20__ term.
_____ **Academic Advisor** for the January 20__ - December 20__ term.
_____ **Intake Advisor** for the January 20__ - December 20__ term.

Note: The Faculty Advisor position is reserved indefinitely for the Fraternity and Sorority Life Coordinator of the University of Wyoming.

The Lambda Gamma Chapter of Sigma Lambda Gamma National Sorority, Inc. hosts weekly entity meetings on _____, and new member education (*only applicable if applying for Intake Advisor*) meetings on _____. We encourage our Advisors to be present at all entity meetings.

We understand that sometimes, there is an issue with these times, and we, at the Lambda Gamma Chapter, will make our best efforts to accommodate your schedule. If there is a time conflict with either meeting time, please check the yellow box.

Please read over the Advisory Committee Manual for the general and Advisor specific information. Have you *read* and do you *accept* the Responsibilities set forth for your requested position in the Advisory Committee Manual? _____ Yes _____ No
Please initial confirming the above statement. _____

First Name _____ Last Name _____

Email Address _____
Phone Number _____

Address _____
City and State _____
Zip Code _____

Affiliation to Sigma Lambda Gamma
_____ Alumna
_____ Former Advisor: Dates of Term- _____
_____ Other: Please describe- _____
_____ None

Are you a faculty member at the University of Wyoming?
_____ Yes
_____ No

Please turn in this application to the Chapter President.

Printed Name: _____ Date: _____

Signature: _____

