

***Sigma Lambda Gamma National Sorority, Inc. – Lambda Gamma Chapter
Associate Membership Application***

Please complete the Associate Membership Application on the opposite side of this page, to the best of your ability. If an item does not apply to you, please write in “Not applicable”.

Please attach your weekly schedule, complete with classes, club meetings, work schedule, and any other activities that you perform on a weekly basis. This is just a tentative weekly schedule for the current semester.

Please understand that the Lambda Gamma Chapter of Sigma Lambda Gamma National Sorority, Inc. hosts weekly entity meetings on _____ and new member education meetings on _____. As an associate member of the Lambda Gamma Chapter, you will be expected to attend new member education meetings, and upon initiation into the Sorority, you will be expected to attend weekly 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 you. If there is a time conflict with either meeting time, please check the yellow box so we can address this issue and attempt to accommodate your schedule.

There are financial obligations to being an Associate Member of Sigma Lambda Gamma National Sorority, Inc. **Induction** dues are _____, and **Initiation** dues are _____. This will be the only semester in which you are responsible for paying two sets of dues. All semesters following your initiation, you will be responsible for paying chapter semester dues which are evaluated and voted on at the beginning of each semester. When turning in this application please include a check/cash for the **Induction** dues. Your Initiation dues will be due by Week 5 of New Member Education. *(If your application for Associate Membership is denied, your check/cash will be returned to you.)*

We, at the Lambda Gamma Chapter, want to help you to become a member and are willing to set up a payment plan, or help you to fundraise your dues. If these dues pose a problem, please let the Vice President of Chapter Operations know and if this kind of support is something that you may need, please check the yellow box.

Please provide a brief personal statement describing how you believe that you, as a member, could benefit from, and contribute to the purpose *(can be found on the Lambda Gamma Chapter Website)* of Sigma Lambda Gamma National Sorority, Inc.

Please read the Sigma Lambda Gamma National Sorority, Inc. Anti-Hazing Policy. Have you read and do you understand Sigma Lambda Gamma National Sorority, Inc.’s Anti-Hazing Policy? *(Circle one)* Yes—No
Please initial confirming the above statement. _____.

Please turn in this application and all attachments to the Vice President of Recruitment.
I understand that falsification of any information on this application or attachments will eliminate me from being considered for membership into Sigma Lambda Gamma National Sorority, Inc. By signing this form, I verify that all of the information I have provided is true and correct. I understand that at any time Sigma Lambda Gamma National Sorority, Inc. can rescind any rights or privileges to an applicant based on the submission of false information or documents.

Name: _____ Date: _____.

Signature: _____.



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First Name _____ Middle _____ Last Name _____.

Email Address _____.

Local Address _____.

City and State _____.

Zip Code _____.

Permanent Address (*if different than above*) _____.

City and State _____.

Zip Code _____.

Home Phone _____.

Cell Phone _____.

School Classification (*Circle one*) 1st Yr.—2nd Yr.—3rd Yr.—4th Yr.—5th Yr.—6th Yr.

Area of Study _____.

Current GPA (*please note that the Lambda Gamma Chapter requires a minimum of 2.75/4.0 for membership*) _____.

High School GPA (*If this is your first semester*) _____.

Amount of Credit Hours This Semester (*please note that the Lambda Gamma Chapter requires a full-time {12 hours} course load*) _____.

Anticipated Graduation Date _____.

Emergency Contact Name _____.

Phone Number _____.

Have you ever been a member of another social sorority or co-ed fraternity, or sought membership of another social sorority or co-ed fraternity? (*Please circle one-- This does not include Honor Societies, Professional or Service*)

Yes—No

If yes, which organization and what are the dates? _____.

Have you ever applied for membership in Sigma Lambda Gamma National Sorority, Inc., either with this chapter or at another? Yes—No

If yes, what are the dates? _____.

If applicable, for both questions above, please explain why you did not continue to pursue membership or discontinued the process with that sorority/sororities?

_____.

Please list the URLs of any websites which depict you in a personal and/or professional manner (i.e. Facebook, Twitter, Instagram, LinkedIn, etc.) Write “None” if this does not apply to you.

_____.

