

DELTA SIGMA DELTA

UNDERGRADUATE CHAPTER INITIATION RECORD

Date Due: 20 days after initiation Date received in Supreme Scribe's Office

It is of the utmost importance that this initial record be completed correctly and in its entirety so that your Delta Sigma Delta profile be accurate. Please ask your chapter treasurer or faculty advisor for assistance if needed. Let them advise you as to the appropriate fees required. Upon completion return this form to one of them.

Please type or print clearly. This form is used to prepare certificate

Date

Last Name First Name Middle

Address

City State Zip Code

Email address

Phone

Undergraduate Chapter

Date of Initiation

Check one Freshman Sophomore Junior Senior

Dental School Attending

Expected Graduation Year

Initiation Fee \$

Annual per Capita Fee \$

Lifetime Membership Fee \$

\$50.00 per year as indicated above

Total Payment Remitted \$

Payment must accompany this application

Are you now a member of another Greek Letter Dental Fraternity? Yes No

Return to chapter officer or deputy to be sent to: **Dr. John H. Prey**
DELTA SIGMA DELTA FRATERNITY
296 15th Ave.
Nekoosa, WI 54457

Please retain a copy of this letter for your records