

DELTA SIGMA THETA SORORITY, INCORPORATED
A Service Organization Since 1913
2017 – 2018 APPLICATION FOR MEMBERSHIP



THIS APPLICATION IS A PART OF THE PACKET YOU RECEIVED AFTER YOUR ATTENDANCE AT THE RUSH ACTIVITY. YOU SHALL NOT REDISTRIBUTE THE APPLICATION. TYPE YOUR RESPONSES; NO APPLICATION WITH HANDWRITTEN RESPONSES WILL BE ACCEPTED. COLLEGIATE AND ALUMNAE APPLICANTS ONLY COMPLETE THE SECTIONS THAT APPLY TO YOU.

You must complete this form in its entirety. If a field does not apply to you, put N/A, Not Applicable, or leave blank. You must also provide your signature and date (pen and ink).

Intended Chapter of Initiation: _____
 Full Name: _____
 I identify as a woman/female No Yes

DIRECTIONS: Please **ONLY** complete the appropriate section (Collegiate or Alumnae).

COLLEGIATE: (To be completed by the COLLEGIATE Applicant ONLY)

College/University: _____
 Present Address: _____
 City: _____ State: _____ Zip Code: _____
 Present Telephone: _____ Cell Telephone: _____
 University Email: _____
 Permanent Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Telephone: _____ Work Telephone: _____
 Personal Email: _____
 Classification: _____ Major: _____ Minor: _____
 Hours Currently Enrolled: _____ Cumulative GPA: _____
 Do you work? NO YES; If YES, then please list Day(s) and Time (schedule):

Employer's Name: _____
 Title/Profession: _____

Job Description:

Do you have evening classes?

NO YES; If YES, then please list Day(s) and Time (schedule):

Empty box for listing days and times for evening classes.

Plans after graduation (type of job, graduate school, etc.):

Empty box for plans after graduation.

Name of Parent/Guardian: _____

Address _____

City: _____ State: _____ Zip Code: _____

Telephone (Day): _____ Telephone (Evening): _____

ALUMNAE: (To be completed by the ALUMNAE Applicant ONLY)

Home Address*: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Cell Telephone: _____ Alternate Telephone: _____

Personal Email: _____

Education... College/University (1): _____

Please list highest degree first. City & State: _____

Date of Graduation: _____

Degree Held: _____

College/University (2): _____

City & State: _____

Date of Graduation: _____

Degree Held: _____

College/University (3): _____

City & State: _____

Date of Graduation: _____

Degree Held: _____

College/University (4): _____

City & State: _____

Date of Graduation: _____

Degree Held: _____

College/University (5): _____

City & State: _____

Date of Graduation: _____

Degree Held: _____

Employer's Name: _____

Title/Profession: _____

Job Description:

Empty box for job description.

Church Involvement(s) (260 characters maximum):

Special Interests (Art, Music, Drama, Writing, Sewing, etc.) (260 characters maximum):

Why are you interested in membership in Delta Sigma Theta Sorority, Inc.? (1300 characters maximum)

Have you ever been convicted of a criminal offense? NO YES...If YES, please explain... (260 characters maximum)

NOTICE

Delta prohibits all forms of hazing (any type of physical or emotional abuse). If you submit an application for membership, you will be required to sign a Notice to Applicant/Candidate/Pyramid Regarding Privilege and Responsibilities Statement ("Statement"), which expressly prohibits hazing and provides examples of what constitutes hazing. By signing the Statement, you agree not to participate in hazing and agree to report any and all acts of hazing of which you are aware. You are responsible for following the letter and spirit of Delta's "No Hazing" Policy as expressed in the Statement, in other documents you will receive, and in digital and electronic media you will receive. READ and REVIEW carefully all information provided to you.

The contents of this application, including any attachments and information supplied by you to support your application for membership (collectively "application"), are intended only for use by Delta Sigma Theta Sorority, Incorporated ("Delta") and you. The application may contain information that Delta and/or you deem confidential, privileged, or secret. You understand that during an investigation or inquiry about any alleged violations of Delta's policies and rules during any stage of the membership process, the application (including confidential, privileged, or secret information) may be disclosed to third parties (i.e., non-Deltas), including, but not limited to, college or university officials, lawyers, and/or law enforcement officials. By signing this application, you authorize such disclosure, and you agree not to disclose Delta's confidential information.

A FALSE STATEMENT TO ANY QUESTION ON THIS APPLICATION SHALL BE GROUNDS FOR FINDING YOU INELIGIBLE FOR MEMBERSHIP CONSIDERATION, AND MAY RESULT IN A DECISION TO REFER YOU TO LAW ENFORCEMENT OFFICIALS FOR PROSECUTION OR FURTHER INVESTIGATION.

NOTES: You must complete this form in its entirety (if a field does not apply to you, put N/A, Not Applicable, or leave blank), Print and provide your signature and date (pen and ink). It will be considered null and void if it is not accompanied by the signed Notice to Applicant/Candidate/Pyramid Regarding Privilege and Responsibilities Statement.

All materials and information submitted becomes the property of Delta Sigma Theta Sorority, Incorporated, therefore, please maintain a copy of this application for your records.

An interview does not guarantee that you will move forward with the membership intake process.

Membership will be extended only to those applicants receiving a **MAJORITY VOTE** of the chapter and approval of the Regional Director.

By signing this document, you understand that if for any reason and at any time this process is stopped or you decide not to continue you will forfeit \$100 of your national initiation fee and \$100 of the chapter processing fee. Should you choose to continue on with this process, you will be expected to sign a statement (Fee Concession Agreement), acknowledging you understand and accept the terms at the time you pay your National and Local Chapter initiation fees and dues.

I hereby apply for membership into Delta Sigma Theta Sorority, Incorporated. My signature on this application certifies that I reside at the address on this application and it is my true, fixed, permanent, primary home and principal living establishment and the place to which, whenever I am away, I have intention of returning.

I HEREBY CERTIFY, under penalty of perjury, that all statements made herein, and on any attachments, are true and correct to the best of my knowledge. I also authorize any person(s) or organizations(s) to supply information that is required by Delta Sigma Theta Sorority, Incorporated.

Signature: _____ Date: _____
Your Pen and Ink Signature *Your Pen and Ink Date*

FOR CHAPTER USE ONLY

Date Received: _____ Verified By: _____ Date Verified: _____