



## New Member Form

### INSTRUCTIONS:

**New Member:** Please give to Chapter Treasurer with your dues.

**Chapter Treasurer:** Ensure your state organization treasurer receives this form after entering the member in the dues portal.

For membership commencing between July 1 and December 31, the member shall pay dues, and scholarship fee for the current year. For membership commencing on or after January 1, the member shall pay one-half the international membership dues. Chapter and state organization dues may be pro-rated as the chapter/state organization determines.

☐ Dr.

\_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State/Province Zip/Postal Code Country

\_\_\_\_\_  
Chapter (Greek Name) State Organization (Geographical Name)

Degrees Held:

☐ Bachelor ☐ Master ☐ Doctorate \_\_\_\_\_  
Other Date of Birth

Home Telephone Number: \_\_\_\_\_ Cell (optional): \_\_\_\_\_

Home E-Mail Address: \_\_\_\_\_

Join Date: \_\_\_\_\_ Membership Status: ☐ Active ☐ Honorary ☐ Collegiate

Chapter Treasurer's Signature  
(Treasurer's Member ID): \_\_\_\_\_