



PLEASE FILL IN ALL BLANKS AND PRINT CLEARLY

GAMMA IOTA SIGMA

APPLICATION FOR MEMBERSHIP

17 S. High Street Ste 200

Columbus, Ohio 43215

614-221-1900



CHAPTER

Zeta

DATE

UNIVERSITY ATTENDING OR ATTENDED

Georgia State University

____ NEW MEMBERSHIP

____ RENWAL MEMBERSHIP

NAME MR. MS.	LAST	FIRST	MIDDLE			DATE OF BIRTH MO	YR
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CAMPUS ADDRESS	STREET	CITY	STATE	ZIP CODE	PHONE	EMAIL
35 Broad Street, 11th Floor Rm 1148 Atlanta, GA 30303						

PARENT OR GUARDIAN NAME MR./MRS. MR. MS.	LAST	FIRST	MIDDLE	PHONE
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PERMANENT MAILING ADDRESS PERSONAL _ PARENTS	STREET	CITY	STATE	ZIP CODE
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INDUSTRY EXPERIENCE COMPANY	DATES	POSTION	REMARKS – Industry Training or career interest	PROFESSIONAL DESIGNATIONS

GRADUATION DATE MO	DA	YR	DEGREE / MAJOR	FOR HEADQUARTERS USE ONLY		
				PAYMENT REC'D	CERTIFICATE PREPARED	DATABASE
			EXPECTED COMPLETED			

**CHAPTER SECRETARY: RETAIN A COPY; SEND ORIGINAL TO:
GRAND CHAPTER, GAMMA IOTA SIGMA
17 S. HIGH STREET STE. 200, COLUMBUS, OH 43215**

7/05 Visit us at www.gammainotasigma.org or email grand@gammainotasigma.org

Detach here

Directions for filling out application card:

1. Fill in **ALL** blanks
2. **PRINT CLEARLY**
3. If you reside in your own home/apartment (not an dorm or campus apartment) then place this address on the Permanent Mailing Address line and check mark the box next to personal.
4. If you live in a Campus Dorm or Apartment then place this address on the Campus Mailing address line.
5. Please provide Parents Mailing address if you do not reside in your own home or off campus apartment.
6. **Please make checks payable to Educational Foundation Inc or EFL.**