



Initiate Card

INSTRUCTIONS:

New Initiate: Please give to Chapter Treasurer with your initiation fee.

Chapter Treasurer: Send this card to your State Organization Treasurer *immediately* with state and international portions of initiation fee along with a completed Form 18.

Members initiated on or after July 1 and before April 1 will pay the initiation fee, dues, and scholarship fee at the time of initiation. Members initiated on or after April 1 and before July 1 shall pay only the initiation fee at the time of initiation. Dues and scholarship fees for the ensuing year must be paid no later than October 31.

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: _____ Home Fax Number: _____

Home E-Mail Address: _____

Date of Initiation: _____ Membership Status:
 Active
 Honorary

Chapter Treasurer's Signature: _____