

Delta Sigma Delta

Date Received in Supreme Scribe's Office

Undergraduate Chapter Initiation Record for _____ Chapter

Due within 20 days after initiation.

Name of Undergraduate Chapter

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.

Initiate Information *(Please type or print clearly)*

First Middle Last

Address

City State/Province Postal Code / Country (if not United States)

Phone Email Address

Certificate Information

Date of Initiation Preferred Name Written on Certificate
(leave blank to use First, Middle, Last written as above)

Dental School Attending Year in Dental School Grad Year
(First, Second, Third, Fourth) Expected

Membership Fee Information

Initiation Fee \$10

Annual Per Capita Fee \$25

Lifetime Membership Installment \$50 / 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 this report to chapter officer or deputy, to be sent to:

Please retain a copy for your records

Dr. John H. Prey
DELTA SIGMA DELTA FRATERNITY
296 15th Avenue
Nekoosa, WI 54457
United States of America