

DELTA SIGMA DELTA

Supreme Chapter Application

Date Due: January 20

Date received in Supreme Scribe's Office

The information on this form begins your graduate membership in Delta Sigma Delta Fraternity.

We need:

1. Your name printed or typed legibly to prepare your life membership certificate.
2. Your address to enable us to send DESMOS directly to you after graduation.
3. The graduate chapter you would like to be associated with after graduation. (We will inform that chapter that you will be located in their area.)

A portion of your Life Membership Fee has been set aside to provide you with DESMOS. Please keep us informed of any future address changes so that we can maintain that "Tie that Binds".

Thank you and good luck. We hope you have a successful professional life.

Please return this completed form to your Deputy or chapter officer to be forwarded to the Supreme Scribe.

Please type or print clearly. This form is used to prepare certificate

Date

Last Name First Name Middle

Address

City State ZIP Code

Country

Telephone

E-mail Address

Undergraduate Chapter

Date of Graduation

Month Day Year

Graduate Chapter I would like to associate with

Return to chapter officer or deputy to be sent to: **Dr. John H. Prey**
DELTA SIGMA DELTA FRATERNITY
296 15th Ave.
Nekoosa, WI 54457

Please retain a copy of this letter for your records