

Delta Sigma Delta

Supreme Chapter Application

Date Received in Supreme Scribe's Office

Due March 01 of each calendar year.

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.

Member Information *(Please type or print clearly)*

_____	_____	_____	
<i>First</i>	<i>Middle</i>	<i>Last</i>	

<i>Address (if unclear, please use your parent's address instead)</i>			

<i>City</i>	<i>State/Province</i>	<i>Postal Code</i>	<i>Country</i>

<i>Phone</i>	<i>Email Address (Please refrain from providing an .edu email address)</i>		

Certificate Information

_____	_____	_____
<i>Preferred Name Written on Certificate</i>	<i>Undergraduate Chapter</i>	<i>Graduation Date</i>
<i>(leave blank to use First, Middle, Last written as above)</i>		<i>(MM/DD/YYYY)</i>

Graduate Chapter I would like to associate with _____
(If there is no graduate chapter where you are going to be, please specify At-Large and the city you will be at)

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