

Delta Sigma Delta

Application Date _____

Petition for Graduate Chapter Membership

Please type or print clearly.

I, hereby petition for membership in _____, a Graduate Chapter of Delta Sigma Delta.
Delta Sigma Delta Graduate Chapter Name

I was initiated by _____ in the year _____. I graduated from _____
Delta Sigma Delta Undergraduate Chapter Name

_____ in the year _____.
Name of Dental School Attended

I am a member of the Supreme Chapter in good standing. If admitted to membership in this Graduate Chapter, I promise to obey all constitutional rules and regulations and to promptly discharge all financial obligations pertaining thereto. I am aware that membership in Graduate Chapter is contingent upon my maintaining membership in the Supreme Chapter.

First Middle Last

Address

City State/Province Postal Code Country

Home Phone Cell Phone Email Address

Office Address

Office City Office State/Province Office Postal Code Office Phone

Dental Specialty

Membership in the Supreme Chapter Verified by: Graduate Chapter Scribe Supreme Scribe

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**