

# DELTA SIGMA DELTA UNDERGRADUATE CHAPTER INITIATION RECORD

Date Due: 20 days after initiation      Date received in Supreme Scribe's Office

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.

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

Date

Last Name  First Name  Middle

Address

City  State  Zip Code

Email address

Phone

Undergraduate Chapter

Date of Initiation

Check one  Freshman  Sophomore  Junior  Senior

Dental School Attending

Expected Graduation Year

Initiation Fee \$

Annual per Capita Fee \$

Lifetime Membership Fee \$

**\$50.00 per 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

**Save completed document and email to your chapter deputy.**

Please retain a copy of this letter for your records.

To be forwarded to: Dr. John H. Prey  
DELTA SIGMA DELTA FRATERNITY  
296 15th Ave.  
Nekoosa, WI 54457  
[supremescribe@deltasig.com](mailto:supremescribe@deltasig.com)