

DELTA SIGMA DELTA Fraternity

I Hereby apply for membership in the Supreme Chapter of Delta Sigma Delta Fraternity.

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

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle	<input type="text"/>
Address	<input type="text"/>				
email address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Country	<input type="text"/>				
Dental School.	<input type="text"/>				
Date of Graduation	<input type="text"/>	Date of Initiation	<input type="text"/>		

Oath of Membership

On my honor and of my own free will and accord. I most solemnly promise to give faithful allegiance in the Supreme Chapter of Delta Sigma Delta Fraternity. To keep secret and inviolate all the secret work and business of the Supreme Chapter, and to conform to all its laws, customs and tenets, written and unwritten.

I hereby pledge myself to obedience to the Constitution and By-Laws of the Fraternity; to cooperate with the officers and members of this chapter in maintaining the high standard of the Fraternity; to be governed by its Code of Ethics; to promote its interests and to obey all orders of the Supreme Chapter so long as they do not conflict with my civil or religious liberty.

In case I am suspended or expelled from the Supreme Chapter, I will surrender my insignia, recognizing that the badge, button or pin is the sole property of the Fraternity, and that I have no right of property or ownership therein.

Should I ever violate any part of this, my solemn obligation, I hereby consent to accept any penalty imposed on me by the Supreme Chapter.

All this I solemnly and sincerely promise with a firm determination to keep and perform the same and may God help me to be steadfast and faithful.

Date

Endorsement of either graduate chapter or deputy supreme grand master.

Grand Master of Graduate chapter

Scribe of chapter

Deputy Supreme Grand Master of Undergraduate chapter

Please enclose fee: \$265.00

Please retain a copy of this letter for your records.

Save completed document and email to your local designated officer, deputy or rep.

To be forwarded to: Dr. John H. Prey
 DELTA SIGMA DELTA FRATERNITY
 296 15th Ave.
 Nekoosa, WI 54457
supremescribe@deltSIG.com