

# Sigma Gamma Epsilon

## New Initiate List

(To be Used for Fall Initiation)

CHAPTER NAME: \_\_\_\_\_ INITIATION DATE: \_\_\_\_\_

University: \_\_\_\_\_

Department Name: \_\_\_\_\_

Department Phone: \_\_\_\_\_

Department Fax: \_\_\_\_\_

ADVISOR NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

NAMES OF NEW MEMBERS	YEAR	BIRTHDATE	\$40 Per Initiate
<i>Type name EXACTLY as you want printed on shingle</i>	<i>Sr, Jr, So, Fr, Grad or Associate</i>	<i>Month, Date, Year</i>	<i>(\$25 Initiate Fee + \$15 Dues)</i>
1			
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**Mail Shingles & Membership Cards To:**

**Total Due:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Mail Form & Initiate Fees With Dues to:**

Sigma Gamma Epsilon

P.O. Box 506

Gilbertville, IA 50634

I certify that the students listed above are eligible for membership into the Society of Sigma Gamma Epsilon.

Advisor: \_\_\_\_\_

Signature

Enter information. Save as " (Your Chapter Name) Initiate List". Email as an attachment to [even@sigmagammaepsilon.com](mailto:even@sigmagammaepsilon.com) AND submit a printed copy with your payment on or before 11/15.