

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>
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Mail Shingles & Membership Cards To:

Total Due:

Name: _____

Address: _____

Email: _____

Phone: _____

Mail Form & Initiate Fees With Dues to:

Dr. James C. Walters
 Earth Science Department
 University of Northern Iowa
 Cedar Falls, IA 50614-0335

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 AND submit a printed copy with your payment on or before 11/15.