

Sigma Gamma Epsilon

New Initiate List

(To be Used for Spring Initiation)

CHAPTER NAME: _____ INITIATION DATE: _____

University: _____

Department Name: _____

Department Phone: _____

Department Fax: _____

ADVISOR NAME: _____

Address: _____

Phone: _____

Email: _____

NAMES OF NEW MEMBERS	YEAR	BIRTHDATE	\$33 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 + \$8 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 AND submit a printed copy with your payment on or before 4/1.