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in this
column.

(Chapter use
only)



Alpha Gamma Sigma

Eta Chapter

Scholastic Honor Society

MEMBERSHIP APPLICATION (New or Continuing Member)

Date
application
received:

NAME: _____ DOB _____
(Last name *first* -- PLEASE PRINT) (optional)

G#: _____

Amount & form
of payment:

ADDRESS: _____ Phone _____

Street

City

ZIP Code

Cash _____

Check _____

Email _____

Date entered on
members list:

No. of semesters completed at CSM (excluding Summer Sessions): _____

Total College units completed to date: _____ Cumulative G.P.A. _____ (for permanent
Membership)

Units enrolled at CSM this current semester: _____ Day: _____ Evening: _____

Comments:

No. of previous semesters of membership in Alpha Gamma Sigma: _____ Major: _____

If the current chapter meeting time conflicts with your schedule, please indicate alternate day(s) or
time(s) that you might be available: _____

MEMBERSHIP FEE: \$20.00 per semester

Turn in this completed application with your membership fee at the general or any meeting of
AGS.