Chi Eta Phi Sorority, Inc.
UNDERGRADUATE
APPLICATION FOR MEMBERSHIP

LOCAL CHAPTER COMPLETE:

Chapter: _____

Location: _____

Initiation Date: _____

NAME: _____
(Last) (First) (Middle)

PRESENT ADDRESS: _____ **TELEPHONE:** _____
(Street & Number)

_____
(City) (State) (Zip)

HOME ADDRESS: _____

PLACE OF BIRTH: _____ **DATE OF BIRTH:** _____

EDUCATION	NAME	LOCATION	GPA	Diploma Degree Cert.
High School				
College				
School Of Nursing				

EXPECTED DATE OF GRADUATION: _____

COMMUNITY INVOLVEMENT: _____

OFFICES HELD: _____

WHAT IS YOUR GOAL IN NURSING? _____

SIGNATURE OF APPLICANT: _____ Date: _____

. . . . . .

_____ Date: _____
Signature, **BETA DEAN OF PLEDGEES**

_____ Date: _____
Signature, **BETA BASILEUS**

_____ Date: _____
Signature, **BETA SPONSOR**

_____ Date _____
*Signature, **NATIONAL DEAN OF PLEDGEES** Approve / Disapprove

*Final approval must be obtained from National Dean of Pledgees before initiation/Charter.

Copies: White — Executive Secretary
Yellow — National Dean of Pledgees
Pink — Chapter

Rev: 1988