



## Initiate Card

### INSTRUCTIONS:

**New Initiate:** Please give to Chapter Treasurer with your initiation fee.

**Chapter Treasurer:** Send this card to your State Organization Treasurer *immediately* with state and international portions of initiation fee along with a completed Form 18.

Members initiated on or after July 1 and before April 1 will pay the initiation fee, dues, and scholarship fee at the time of initiation. Members initiated on or after April 1 and before July 1 shall pay only the initiation fee at the time of initiation. Dues and scholarship fees for the ensuing year must be paid no later than October 31.

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☐ Dr.

First Name	Middle Initial	Last Name
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Mailing Address
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City	State/Province	Zip/Postal Code	Country
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Chapter (Greek Name)	State Organization (Geographical Name)
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Degrees Held:

☐ Bachelor  
 ☐ Master  
 ☐ Doctorate  
 \_\_\_\_\_ Other  
 \_\_\_\_\_ Date of Birth

Home Telephone Number: \_\_\_\_\_ Home Fax Number: \_\_\_\_\_

**Home E-Mail Address:** \_\_\_\_\_

Date of Initiation: \_\_\_\_\_ Membership Status: ☐ Active ☐ Honorary

Chapter Treasurer's Signature: \_\_\_\_\_