



Eta Sigma Gamma  
Delta Tau Chapter  
Membership Interest Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Mailing Address (please include apt # if applicable):

\_\_\_\_\_

Phone: (    ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Major: \_\_\_\_\_ Minor (if applicable): \_\_\_\_\_

Classification (e.g. Junior): \_\_\_\_\_ Overall GPA: \_\_\_\_\_ CSU GPA: \_\_\_\_\_

Volunteer/ Organizational involvement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Career Plans after graduation: \_\_\_\_\_

\_\_\_\_\_

Special Skills: \_\_\_\_\_

\_\_\_\_\_

Reasons for interest in Eta Sigma Gamma: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Return to Lumpkin Center Room 251