##  Membership Application

**AZΓ**

# Alpha Zeta Gamma Sorority Inc.

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| --- |
| Applicant Information |
| Full Name: |  |  |  | Date: |  |
|  Last | First | M.I. |
| Address: |  |  |
|  Street Address | Apartment/Unit # |
|  |  |  |  |
|  City | State | ZIP Code |
| Phone: |  | E-mail Address: |  |
| Age |  |  |  | Job Title |  |
|  |
|  |
| References |
| Please list three references. (Please note will NOT disclose your sexual orientation to said references.)  |
| Full Name: |  | Relationship: |  |
| Email: |  | Phone: |  |
| Full Name: |  | Relationship: |  |
| Email: |  | Phone: |  |
| Full Name: |  | Relationship: |  |
| Email: |  | Phone: |  |
| Please write a brief paragraph explaining why you want to join Alpha Zeta Gamma Sorority, Inc.: |
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|  |
|  |
| Disclaimer and Signature |
|  |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to membership, I understand that false or misleading information in my application or interview may result in my membership being revoked. |
| Signature: |  | Date: |  |

**Please Complete This Application and return it to: AlphaZetaGammaSororityInc@gmail.com**