

# MEMBERSHIP APPLICATION

## Alpha Kappa Delta: The International Sociology Honor Society

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Student Identification Number \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ Rank:  Jr  Sr  Grad

### List sociology core courses and other sociology courses you have completed.

Course Number	Course Name	Instructor	Course Number	Course Name	Instructor
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I hereby give the faculty member serving as the AKD Chapter Representative permission to determine my eligibility for membership by verifying my grade point average and my percentile rank in overall scholarship.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this completed application to the AKD Chapter Representative.**

Office Use Only:

Payment Received \_\_\_\_\_ Cumulative GPA \_\_\_\_\_ Class Rank \_\_\_\_\_ Initials \_\_\_\_\_

\*This application is to be filed by the chapter. Do not send this to the AKD Office. Please fill out the Order Form and List of Initiates.\*