



**Delta Theta Delta Sorority, Inc.
Application for Membership**

Full Name: _____
(Print) (First) (Middle) (Last)

Date of Birth: ____/____/____

Home Address: _____

City: _____ State: _____ Zip: _____

Best Contact Phone Number: (____) ____-____

Email: _____

Are you a U.S. citizen? Yes No

If no, explain: _____

Family Information

Marital Status: __Single __Separated __Divorced __Dating __Married __Widowed

Children: Yes No If yes, how many children do you have? _____

If you have children, please state their ages here: _____ [M/F] _____ [M/F] _____ [M/F]

EMPLOYMENT

Are you currently employed? Yes No

Name of Employer: _____

City: _____ State: _____ Zip: _____

Position/Title: _____



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What Hours Do You Work At This Job/Business?

MONDAY ____ am/pm - ____ am/pm

FRIDAY ____ am/pm - ____ am/pm

TUESDAY ____ am/pm - ____ am/pm

SATURDAY ____ am/pm - ____ am/pm

WEDNESDAY ____ am/pm - ____ am/pm

SUNDAY ____ am/pm - ____ am/pm

THURSDAY ____ am/pm - ____ am/pm

Do You Have More Than One Employer/Business? If so, state below.

Name of Employer: _____

City: _____ State: _____ Zip: _____

Position/Title: _____

What Hours Do You Work at This Job/Business?

MONDAY ____ am/pm - ____ am/pm

FRIDAY ____ am/pm - ____ am/pm

TUESDAY ____ am/pm - ____ am/pm

SATURDAY ____ am/pm - ____ am/pm

WEDNESDAY ____ am/pm - ____ am/pm

SUNDAY ____ am/pm - ____ am/pm

THURSDAY ____ am/pm - ____ am/pm

CRIMINAL BACKGROUND

Have you ever been convicted of a crime (Felony or Misdemeanor) other than a minor traffic violation? Yes No

If yes, please explain the circumstances: _____



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EDUCATIONAL BACKGROUND

High School Attended: _____

Address: _____

City: _____ State: _____ Zip: _____

Did you Graduate: Yes No Degree Earned: Diploma GED Other

Trade School/College/University: _____

Address: _____

City: _____ State: _____ Zip: _____

Major: _____ Did you Graduate: Yes No

Date Graduated: _____ Certificate/Degree Earned: _____

If you are currently enrolled at a Trade School, College or University please complete the following:

Classification: _____ Major: _____ Minor: _____

Cumulative GPA: _____ Hours Carrying: _____

Evening Classes: Yes No

Any special training or certification(s)? Yes No If yes, state your trainings or certifications.

MILITARY

Are you in the military or have you served in the military? Yes No

If yes, which branch? _____ How long? _____

Current Position/Status: Active Inactive Discharged



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Date of Discharge: ____/____/____

PERSONAL

Do you have any physical or mental disabilities, or medical conditions that may present limitations or affect your ability to participate in Sorority sponsored or Community events?

Yes No

If yes to the above question, please _____

Have you ever been affiliated with a Greek collegiate or non-collegiate service organization?

Yes No

If yes, please state the date you were initiated into the organization: _____

Are you still active in the mentioned organization? Yes No

Are you an active member or have been a member of the Order of Eastern Star? Yes No

If yes, what chapter do you hold or have held affiliation? _____

Have you ever been affiliated with Delta Theta Delta Sorority, Inc. during any of the past intake phases?

Yes No If yes, why were you not initiated? _____

Have you recently applied, or requested an application to a Greek or non-collegiate organization? Yes No

If yes, which organization(s)? _____

Any past or current School or Community involvement(s)? Yes No

If yes, please state what type of involvement: _____

What size shirt do you wear in Unisex sizing? _____

What size jacket do you wear in Unisex sizing? _____

What is your height? Feet _____ Inches _____

What are your profile names on the following social media?

Facebook: _____

Instagram: _____



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Twitter: _____

Snapchat: _____

TikTok: _____

Do you have a personal or business website? Yes No

If yes, what is/are the website address? _____

List any special skills that you have which may be beneficial to the organization.

Interests

Please list any special interests you have (i.e., art, music, drama, writing, etc.)

Why are you interested in membership with Delta Theta Delta Sorority, Inc.? (an additional sheet may be used):

Delta Theta Delta Sorority, Inc disclaims responsibility of the National Chapter of the organization and its officers for the actions of the affiliated Chapters, members and applicants who are in violation of both the letter and spirit of the constitution, bylaws, and handbook.



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**WARNING: FALSE STATEMENTS TO ANY QUESTION ON THE APPLICATION WILL BE
GROUNDS FOR RATING THE APPLICANT INELIGIBLE FOR MEMBERSHIP
CONSIDERATION.**

Please review and initial the statements below.

_____ I understand that an incomplete application form that is not accompanied by the
required supplemental documentation will be considered null and void.

_____ I understand that all materials and information submitted becomes the property of
Delta Theta Delta Sorority, Inc. (Please maintain a copy for your records)

_____ I authorize any person(s) or organization(s) to supply information that is required
by Delta Theta Delta Sorority, Inc.

_____ By providing my written signature, I hereby certify that all statements made
herein, and any attachments, are true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

SUBMITTED PROOF OF IDENTITY & AGE

Government Issued Driver's License Government Issued State ID Passport

SUBMITTED PROOF OF EDUCATION

High School Diploma GED Certificate Trade Skill/College/University
Trade Skill/College/University



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FOR NATIONAL USE ONLY:

Date Received: ____/____/____

Date Verified: ____/____/____

Verified By:

Printed_____ **Signature**_____ **Title**_____