



SIGMA CHI THETA SORORITY, INCORPORATED.
Application for membership

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

Date of Birth: / /

Home Address:
City: State:
Zip:

Best Phone Number To Reach You ()

Email:

Are you a U.S. citizen? Yes No

FAMILY

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] [M/F]

EMPLOYMENT

Are you currently employed? Yes No

Name of Employer
City: State: Zip:
Position/Title:

When Did You Become Employed Here: / /

What days and hours do you work at this Job/Business?



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Do You Have More Than One Employer/Business? If so, state below.
Name of Employer: _____
City: _____ State: _____ Zip: _____
Position/Title: _____

When Did You Become Employed Here: ____/____/____

What days and hours do you work at this Job/Business?

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:

EDUCATIONAL BACKGROUND

High School Attended:

City: _____ State _____ Zip: _____ Address: _____

Did you Graduate: Yes No Degree Earned:

___ Diploma ___ GED ___ Other

College Attended

City: _____ State _____ Zip: _____ Address: _____

Major: _____



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Did you Graduate: Yes _____ No _____
Date Graduated: _____
Degree Earned: _____

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

Classification: _____
Major: _____ Minor: _____
Cumulative GPA: _____
Hours Carrying: _____
Evening Classes: Yes _____ No _____

Any special training, trade 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 _____ 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 _____



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If yes to the above question please explain:

Do you go to church or regularly attend a place of worship? Yes ___ No ___

Where and what days and times? _____

Do you regularly participate in a ministry at your place of worship? Yes ___ No ___

If so, please state a position or title you hold within a ministry:

What are your time demands or other obligations to your family, employer, business, church or organizations?

Do you drive a vehicle? Yes ___ No ___

Do you own a vehicle? Yes ___ No ___

Do you hold, or have you ever held, membership in another organization of the National Pan-Hellenic Council Inc. (NPHCI) or Pan-Hellenic Conference Inc.? Yes ___ No ___

If yes, please state the name of the organization:

Are you an active member or have ever been a member of the Order of Eastern Star?

Yes ___ No ___

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

Are you an active member or have been of any non-collegiate service organization?



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Yes ___ No___ If yes, please state which organization: _____

Have you ever been affiliated with Sigma Chi Theta Sorority, Incorporated 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 any Greek or non-collegiate organization?

Yes _____ No ___ If yes, which organization(s)?

Any past or current Campus 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 _____

Twitter _____

SnapChat _____

Do you have a personal or business website? Yes___ No ___

If yes what is/are the website addresses? _____



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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 Sigma Chi Theta Sorority, Incorporated? (An additional sheet may be used):

Sigma Chi Theta Sorority, Incorporated disclaims responsibility of the National Chapter of the organization and its Officers for the actions of the Affiliated Chapters, Members or Applicants who are in violation of the Letters, Bylaws and Handbook.

WARNING: FALSE STATEMENTS TO ANY QUESTION ON THIS 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 Sigma Chi Theta Sorority, Incorporated (Please maintain a copy for your records)

_____ I authorize any person(s) or organization(s) to supply information that is required by Sigma Chi Theta Sorority, Incorporated

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



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Signature: _____

Date: ____/____/____

SUBMITTED PROOF OF IDENTITY & AGE

Government Issued Drivers License _____

Government Issued State ID _____

Passport _____

SUBMITTED PROOF OF EDUCATION

High School _____

Diploma _____

Certificate College _____

University Degree College _____

University Enrollment _____

FOR NATIONAL or CHAPTER USE ONLY:

Date Received: ____/____/____

Date Verified: ____/____/____ Verified By:

Printed _____

Signature _____

Title _____