

REPORT OF GRADUATE/FACULTY INITIATION

THIS FORM MUST BE TYPED

FOR OFFICE USE ONLY

Date Received _____

Chapter Bond Number _____

Date of Initiation _____

Name of College/University _____

Full Name _____ Suffix _____

First

Middle

Last

Preferred First Name _____ Initiation Date (mm/dd/yyyy) _____

Colleges attended _____ Birth Date _____

Email Address _____

Relatives in Phi Gamma Delta _____

Give Full Names, Chapters, and exact relationships, i.e. FATHER, GRANDFATHER, UNCLE, BROTHER, OR COUSIN

Address _____ Phone Number _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

THIS REPORT OF INITIATION MUST BE SUBMITTED TO THE INTERNATIONAL HEADQUARTERS WITHIN (30) DAYS OF THE DATE OF INITIATION.
I certify that, for each initiate reported, a proper initiation fee of \$200.00 has been collected and submitted to the International Headquarters.

X _____ **X** _____
Signature of Chapter President Date Signature of Initiate Date

THIS REPORT OF INITIATION IS NOT VALID UNTIL ALL REQUIRED SIGNATURES ARE PRESENT.

All information must be correct to ensure that badges and certificates of membership are correctly lettered. The chapter will be charged for all replacements that are due to incorrect information on this form. Keep a completed copy for your chapter's file.

Please include \$15 for shipping and handling, when submitting initiation fees.

The _____ Chapter of Phi Gamma Delta at _____
(GREEK NAME) (COLLEGE/UNIVERSITY)

Correct physical address for shipping membership materials:

Name: _____

Address: _____

Engraving instructions:

First Name Middle Initial Last Name Date Initiated Grad Year