



APPLICATION FOR STUDENT MEMBERSHIP

Form #1

Instructions: Type or neatly print all information requested. If a membership certificate and AZ membership pin are desired for presentation at initiation the application and fee must be received by the National Office at least **10 business days** before the initiation date. Otherwise orders will be subject to express mail charges.

Chapter _____ Scheduled initiation date _____

Last Name _____ Title _____

First Name _____ Middle _____

Preferred Name _____ Suffix _____

Certificate Name:
(How you'd like it to appear) _____

Parents' Names (first & last) _____

Parents' Address _____

Parents' Phone _____

Address
(if different from parents) _____

Phone _____ E-mail _____

Birthday _____

Expected Graduation _____ GPA _____ Credit Hours _____

Major _____ Minor _____

Membership in other agriculture-related organizations (please check all that apply)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Alpha Gamma Rho | <input type="checkbox"/> Delta Tau Alpha | <input type="checkbox"/> Gamma Sigma Delta | <input type="checkbox"/> Collegiate FFA |
| <input type="checkbox"/> Alpha Gamma Sigma | <input type="checkbox"/> Delta Theta Sigma | <input type="checkbox"/> Sigma Alpha | <input type="checkbox"/> NAMA |
| <input type="checkbox"/> Ceres | <input type="checkbox"/> FarmHouse | <input type="checkbox"/> Other | |

Chapter Certification

Chapter and faculty approval was given for this candidate on: _____

Applicant Signature _____

Membership Education Coordinator Signature _____