



ASSOCIATE MEMBER APPLICATION

Form #6

Instructions: The original of this form should be submitted to the National Office in advance of the anticipated initiation. If an engrossed membership certificate is desired for presentation at the initiation, the form must be received **two weeks** prior to the initiation. Otherwise chapter subject to express mail charges.

Chapter _____ Initiation Date _____

Candidate _____

Home Address _____

Phone _____ Email _____

Professional Status (please check all that apply)

- Agricultural Faculty Other Faculty Government
- Administration/Service Primary Producer Other
- Agribusiness

Academic Record

Degree _____ University _____ Year _____ Major _____

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Agricultural Related Fraternities (Please check all that apply)

- Alpha Gamma Rho Delta Theta Sigma Omega Tau Sigma
- Alpha Gamma Sigma FarmHouse Xi Sigma Pi
- Alpha Psi Gamma Sigma Delta Other
- Delta Tau Alpha Sigma Alpha

Professional Information

Employer _____

Position _____

Address _____

Chapter's Principal Reason for Election to Membership

Chapter Certification

Unanimous Chapter approval was given to this candidate.

Unanimous Faculty approval was given to this candidate

Scribe's Signature _____

Senior Advisor's Signature _____