



ΓZA Membership Application

New Member Information

Full Name:

First

Last

Middle Initial

Current Class Standing:

Expected Graduation Year

D.O.B (XX/XX/XXXX)

Street Address, Apartment or Suite

City

State

Zip Code

Phone: (XXX) XXX-XXXX

Email Address:

Emergency Contact Information

Full Name:

First

Last

Middle Initial

Street Address, Apartment or Suite

City

State

Zip Code

ΓZA Relatives:

List any blood relatives who are also members of Gamma Zeta Alpha and their chapter.

Educational Background

Previous School

Graduated Year

Degree

Location

Current Educational Status

University

Cumulative GPA

Degree/Major

Units Completed

Units Enrolled

Activities

Please list all activities, clubs and organizations that you are currently involved in. First year students please indicates high school experiences.

Greek History

The existence of a previous Greek history will not automatically disqualify you from the beginning the educational process of Gamma Zeta Alpha Fraternity, Inc.

Have you ever pledged for a Greek lettered organization? If, so please indicate which Fraternity you pledged for.

Name of Organization:

Year of Initiation:

Membership Qualifications

Must be a full-time student (minimum 12 units) at the institution of desired membership.

Must have a minimum G.P.A 2.5 (first-time freshmen may waive this requirement).

Must submit a copy of unofficial academic transcript (first-time freshmen may waive this requirement).

Must submit a 1 page essay specifying reasons for attending college, and the struggles you faced along the way.

Must submit a typed resume.

Must submit an academic schedule including course load and syllabi.

Must submit a work schedule (if applicable).

Must work effectively and cooperatively with fellow class members, brothers and fraternity associates.

If application is selected for further consideration, applicant will be invited to participate in the interview portion of the educational process. After the interview process, all applicants meeting the fraternity's criteria and selected to continues on with the educational; process will be notified at the discretion of the chapter of desired membership.

Signature

I hereby certify that all statements on this application, resume and supplemental materials are true and completed to the best of my knowledge and believe. I understand that any falsification of this record or failure to disclose fully the information requested may be cause for precluding me from further consideration to partake in the memberships intake process.

Signature:

Date: