



Sisterhood of Integrity

Membership Application

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip Code)

Home Address (if different): _____
(Street) (City) (State) (Zip Code)

Phone Number: _____
(Home) (Cell)

GSC Email: _____ Date of Birth: _____

Major: _____ Classification: _____ Graduation Date: _____
(mmm/yyyy)

Please explain why you are interested in being a member of Sisterhood of Integrity.

Please explain what skills you will bring to the organization that will contribute to its effectiveness.

Please list the last three social, professional, and/or academic leadership positions that you have held.

On which of the Sisterhood of Integrity Committees would you like to serve? (Rank selections with #1 being the most desired option.)

___ Academic Excellence ___ Service ___ Professional/Personal Development ___ Public Relations Social

I hereby make application for membership in Sisterhood of Integrity and I will abide by its mission, objectives, guiding principles, and regulations.

(Signature)

(Date)