



# 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 **two weeks** 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 \_\_\_\_\_

Permanent Address  
(if different from parents) \_\_\_\_\_  
\_\_\_\_\_

Permanent 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 \_\_\_\_\_