



PLEASE FILL IN ALL BLANKS AND PRINT CLEARLY

GAMMA IOTA SIGMA

APPLICATION FOR MEMBERSHIP

17 S. High Street Ste 200

Columbus, Ohio 43215

614-221-1900



CHAPTER
Alpha
Kappa

DATE

UNIVERSITY ATTENDING OR ATTENDED
Illinois State University

NEW MEMBERSHIP RENEWAL MEMBERSHIP

NAME
MR. MS. LAST FIRST MIDDLE UID# DATE OF BIRTH
MO DA YR

CAMPUS ADDRESS STREET CITY STATE ZIP CODE PHONE EMAIL

PERMANENT MAILING ADDRESS STREET CITY STATE ZIP CODE

PERSONAL
 PARENTS

INDUSTRY EXPERIENCE COMPANY DATES POSITION REMARKS - Industry Training or career interest PROFESSIONAL DESIGNATIONS

GRADUATION DATE MO DA YR EXPECTED COMPLETED DEGREE / MAJOR FOR HEADQUARTERS USE ONLY
PAYMENT REC'D CERTIFICATE PREPARED DATABASE

CHAPTER SECRETARY: RETAIN A COPY; SEND ORIGINAL TO:
GRAND CHAPTER, GAMMA IOTA SIGMA
17 S. HIGH STREET STE. 200, COLUMBUS, OH 43215

7/05 Visit us at www.gammaiotasigma.org or email grand@gammaiotasigma.org

PLEASE CIRCLE ONE: NEW MEMBER - \$70 RENEWING MEMBER - \$50

Please make checks payable to **Gamma Iota Sigma** or pay with exact change and turn in to the Katie School of Insurance - College of Business 432

Please write legibly as this application will be sent directly to Grand Chapter. The following are required fields:

- Date
- New or Renewing Membership
- Name (Last, First, Middle)
- UID Number
- Date of Birth
- Campus Address
- Phone and Email
- Graduation Date
- Degree/Major(s)