

ASSOCIATE MEMBER No. 1
INITIATE CARD OF SIGMA GAMMA EPSILON
(Type or Print in Ink) _____ Male
_____ Female

ASSOCIATE MEMBER No. 1
INITIATE CARD OF SIGMA GAMMA EPSILON
(Type or Print in Ink) _____ Male
_____ Female

Name _____
Home Address _____
Chapter _____
Institution _____
Date of Initiation _____
Place of Birth _____ Date of Birth _____
Employer _____
Present Position _____
Degrees Received _____

Chapter President Chapter Secretary
For Records of Local Chapter

Name _____
Home Address _____
Chapter _____
Institution _____
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Chapter President Chapter Secretary
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Chapter President Chapter Secretary
No. 2 for National Secretary-Treasurer

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Institution _____
Date of Initiation _____
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Employer _____
Present Position _____
Degrees Received _____

Chapter President Chapter Secretary
No. 2 for National Secretary-Treasurer