

# APPLICATION FOR MEMBERSHIP

*in the*

Rosebuds\_\_ Phi-Teens\_\_ Jr. Cavaliers\_\_ Cavaliers\_\_

*Auxiliaries of*

**ΓΦΔ GAMMA PHI DELTA SORORITY, INC.**

Rosebuds/ Jr. Cavaliers 8-12 years of age

Phi-Teens/Cavaliers 13-Sophomore in college

*Please complete with blue/black ink only*

Date: MM/DD/YY		Age:	
Name: (Please Print)		Date of Birth: MM/DD/YYYY	
Address:		City:	State: Zip Code:
Telephone		Name of Parents/Guardians	
Email:			
School Presently Attending		Grade	
Address of School		Principal	
Signature of Parent/Guardian (denotes consent)		Date	
Signature of Applicant		Date	
Sponsoring Chapter			
Youth Advisor Signature		Chapter President Signature	
PLEASE SUBMIT COMPLETED APPLICATION TO THE YOUTH ADVISOR WHO WILL SUBMIT ORIGINAL APPLICATION TO THE SUPREME THIRD ANTI-BASILEUS <i>of Gamma Phi Delta Sorority, Inc.</i> <i>A non-profit Organization of Business and Professional Women</i>			
*Revised October 1, 2018			