

Membership Application
Alpha Kappa Delta
The International Sociology Honor Society

Please Print or Type

Name _____
 First Middle Last

Address _____

City	State	Zip Code
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Student Identification Number _____

Home Telephone _____ Work Telephone _____

E-Mail Address _____

Major _____ Minor _____ Rank: Jr Sr Grad

List sociology core courses and other sociology courses you have completed.

Course Number	Course Name	Instructor	Course Number	Course Name	Instructor
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I hereby give the faculty member serving as the AKD Chapter Representative permission to determine my eligibility for membership by verifying my grade point average and my percentile rank in overall scholarship.

Signature _____ Date _____

Return this completed application to the AKD Chapter Representative.

Office Use Only: Payment Received _____ Cumulative GPA _____ Class Rank _____ Initials _____

DO NOT send this application to the AKD Office. It should be retained in files of the AKD chapter.