GAMMA SIGMA ALPHA

National Greek Academic
Honor Society

GAMMA SIGMA ALPHA

CHAPTER INITIATION FORM

Name of person submitting form _____E-mail _____

Institution_____

Address _____

City/State/Zip _____

Greek Advisor _____ E-mail _____

Phone _____FAX _____

Date of planned induction _____

Chapter name _____

Please include a check for $ 20 per new initiate. Honor cords are $ 10 extra per person. Please allow 3 weeks for processing of your induction request from the time you send it. If you want/need overnight mailing, please include $ 25 more. Print legibly. The certificates will be printed from the list you submit.

Send this form with your check made out to GAMMA SIGMA ALPHA to:

Aimee Ash, Executive Director
Gamma Sigma Alpha
3901 W. 86th Street, Suite 390
Indianapolis, IN 46268

Names of Initiates	Affiliation
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Use as many pages as you need for your initiates.
Thank you for honoring Greek academic excellence at your campus through initiation into Gamma Sigma Alpha National Greek Academic Honor Society.