



**Sigma Phi Omega  
University of South Alabama  
Membership Application Form**



Name (as you want it to appear on the certificate) \_\_\_\_\_

Mailing Address, Street, City, State Zip \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

University \_\_\_\_\_ Chapter \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Degrees and Dates Awarded \_\_\_\_\_

\_\_\_\_\_

GPA (s) \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Signature of Sponsor \_\_\_\_\_ Your Signature \_\_\_\_\_  
(Member of Sigma Phi Omega)

Fees: