

**ORDER OF OMEGA**  
**MEMBERSHIP APPLICATION FORM**

SUNY-Plattsburgh

RETURN TO:  
Allison Swick Duttine  
Director of Fraternity/Sorority Life &  
Organization Development  
Center for Fraternity/Sorority Life  
ACC, Room 204

DUE BY:  
The second Friday of September  
or February.

FRATERNITY/SORORITY \_\_\_\_\_

NAME \_\_\_\_\_ ACADEMIC MAJOR \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ACADEMIC CREDITS COMPLETED \_\_\_\_\_

ANTICIPATED GRADUATION DATE \_\_\_\_\_ OVERALL CUMULATIVE GPA \_\_\_\_\_

GPA IN MAJOR \_\_\_\_\_ BANNER ID # \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

INSTITUTION(S) ATTENDED, IF ANY, OTHER THAN PLATTSBURGH STATE (please give major reason for leaving and GPA at that school) \_\_\_\_\_

LIST ALL COLLEGIATE ACTIVITIES IN WHICH YOU HAVE PARTICIPATED, OR IN WHICH YOU HAVE RECEIVED HONORS, NOTING THOSE POSITIONS OF LEADERSHIP OR SPECIFIC RESPONSIBILITIES YOU HAVE ASSUMED. PLEASE BE THOROUGH. ATTACH ADDITIONAL PAGES, AS NECESSARY. **(NOTE: YOU DO NOT NEED TO HAVE BEEN INVOLVED IN ALL AREAS TO QUALIFY FOR MEMBERSHIP)**

- I. SCHOLARSHIP (membership in honor societies, recognition awards, research projects other than class presentation, scholarly papers presented, dean's list, etc.)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

II. CHAPTER SERVICE (date pledged, offices held, awards)

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III. SOCIAL, SERVICE, RELIGIOUS ACTIVITIES, CAMPUS AND STUDENT GOVERNANCE  
(Membership in Organizations, Committee and Volunteer Activities and involvement in such activities as Tutoring, Campus and Community Service Projects outside of the fraternity/sorority, etc. Indicate degree of involvement and positions of responsibility.)

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IV. SERVICE TO FRATERNITY/SORORITY COMMUNITY (IFC/ISA participation, offices, and other activities promoting fraternity/sorority life.)

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V. OTHER ACTIVITIES REPRESENTATIVE OF EXEMPLARY CHARACTER

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Please add any additional information that you might wish to include.

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I authorize the release of that information necessary for Order of Omega to consider my application membership based upon the minimum requirements for membership as cited in the accompanying letter.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Questions? Please contact:

Allison Swick-Duttine  
Director Fraternity/Sorority Life &  
Organization Development  
Center for Fraternity/Sorority Life  
564-4825