

RHO LAMBDA NOMINATION  
APPLICATION FOR MEMBERSHIP

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

School Address \_\_\_\_\_  
\_\_\_\_\_

School Phone (\_\_\_\_) \_\_\_\_\_

Sorority \_\_\_\_\_ Date Pledged \_\_\_\_\_ Date  
Initiated \_\_\_\_\_

If transfer student, date of transfer and previous college or university \_\_\_\_\_  
\_\_\_\_\_

S.S.# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_. Cumulative G.P.A. \_\_\_\_\_ Credits Earned \_\_\_\_\_

Class Fr So Jr Sr Credits enrolled in this term \_\_\_\_\_

Positions held within nominee's sorority \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Honors, awards & prizes bestowed by nominee's sorority \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate if nominee is a member of the Sorority Community (circle one)    yes  
no

Positions held within Sorority Community \_\_\_\_\_

\_\_\_\_\_

Other campus activities and honors \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other relevant remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Signature of Chapter President, Advisor, or Rho Lambda Member)                      (Date)