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)

____________________________________________________________________________________
____________________________________________________________________________________

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.)
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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

V. OTHER ACTIVITIES REPRESENTATIVE OF EXEMPLARY CHARACTER
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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

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

ASD: Greek/Order of Omega/Application