

Membership Application
Alpha Kappa Delta
The International Sociology Honor Society

*For chapter records and verification. Please do not send to the Executive Office.

Name _____
First
Middle
Last

Address _____

City
State
Zip Code

Student Identification Number _____

Home Telephone _____ E-Mail Address _____

Major _____ Minor _____ Rank: Jr Sr Grad

List sociology core courses and other sociology courses you have completed.

Course Number	Course Name	Grade received	Credit hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby give the faculty member serving as the AKD Chapter Representative permission to determine my eligibility for membership by verifying my grade point average and my percentile rank in overall scholarship.

Signature _____ Date _____

Return this completed application to the AKD Chapter Representative at: _____

Chapter Representative Use Only: Payment Received _____ Cumulative GPA _____ Class Rank/Cumulative GPA _____ Initials _____

*This application is to be filed by the chapter. The Executive Office does not accept individual applications. **Do not send this to the AKD Office.** Please fill out the Order Form and List of Initiates.*