

**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.**

[illegible]

**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:***

[illegible]

\*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.\***