Membership Application

Alpha Kappa Delta

The International Sociology Honor Society

Please Print or Type

Name _____
First Middle Last

Address _____

_____
City State Zip Code

Student Identification Number _____

Home Telephone _____ Work 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	Instructor	Course Number	Course Name	Instructor

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.

Office Use Only: Payment Received _____ Cumulative GPA _____ Class Rank _____ Initials _____

This application is to be filed by the chapter. Do not send it to the AKD Office.