DELTA SIGMA DELTA Fraternity

I Hereby apply for membership in the Supreme Chapter of Delta Sigma Delta Fraternity.

Please type or print clearly. This form is used to prepare certificate

	Miner In the second					
Last Name	F	irst Name		Middle		
Address						
email address						
City		State	Zip Code			
Country						
Dental School.						
Date of Graduation		Date of Initation				
	Oath (of Membe	ership			
this chapter in maintaining the high stand orders of the Supreme Chapter so long as In case I am suspended or expelled fron the sole property of the Fraternity, and the Should I ever violate any part of this, m Chapter. All this I solemnly and sincerely promis and faithful.	they do not conflict with a the Supreme Chapter, I wat I have no right of prope y solemn obligation, I her	my civil or re- will surrender rty or ownersh reby consent to	ligious liberty. my insignia, re nip therein. o accept any pe	ecognizing the	at the badge, button of	or pin is
Date						
Endorsement of either graduate cha	pter or deputy suprem	e grand mas	iter.			
Grand Master of Graduate chapter						
Scribe of chapter						
Deputy Supreme Grand Master of Unde	rgraduate chapter					

rev.sept 2015 hpcha

Return to chapter officer or deputy to be sent to: Dr. John H. Prey

DELTA SIGMA DELTA FRATERNITY 296 15th Ave. Nekoosa, WI 54457

Please enclose fee: \$265.00