

Delta Delta Delta Potential New Member Introduction

Name of Potential New Member _____
(last) (first) (nickname)

College/University Attending _____

Hometown _____ State _____ Age _____

▲ EDUCATION

High School _____ City, State _____

High School Graduation (month/year): _____

High School GPA _____ GPA Grade Scale _____

College Classification: Fresh. Soph. Jr. Sr. College Major _____

College/University Hours Completed _____ College/University GPA _____

Name of previously attended college/university _____

▲ CHARACTER/PERSONALITY TRAITS

▲ LEADERSHIP/ACTIVITIES/AWARDS

▲ WORK/VOLUNTEER INFORMATION

▲ ΔΔΔ FAMILY AFFILIATIONS

Name_____

Name_____

College/University_____

College/University_____

Relationship_____

Relationship_____

Name_____

Name_____

College/University_____

College/University_____

Relationship_____

Relationship_____

▲ OTHER GREEK FAMILY AFFILIATIONS

Name_____

Name_____

College/University_____

College/University_____

Relationship_____

Relationship_____

Affiliation_____

Affiliation_____

Name_____

Name_____

College/University_____

College/University_____

Relationship_____

Relationship_____

Greek Affiliation_____

Greek Affiliation_____

▲ MEMBER'S STATEMENT

Check any of the following statements which best describes your relationship with the potential new member:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | I know the potential new member personally |
| <input type="checkbox"/> | I know the family of the potential new member |
| <input type="checkbox"/> | I don't know her, but she is referred by a reliable source |
| <input type="checkbox"/> | I am recommending this potential new member for Tri Delta membership |
| <input type="checkbox"/> | I am only providing information about this potential new member |

Additional comments:

By signing this document, I attest that I am a Tri Delta member and the information provided to be true to the best of my knowledge.

Name (Print) _____ Signature _____ Date _____
Address _____
(street) (city) (state) (zip)
Phone (optional) _____ Email (optional) _____
Chapter _____ School _____ Year initiated _____
Member Number (if applicable) _____

INSTRUCTIONS: Please send the Reference Form to one of the following: alumnae chapter reference chairman in the potential new member's hometown or collegiate chapter reference chairman for the university in which she is attending. For addresses, visit the Tri Delta website at www.tridelta.org or contact Executive Office by phone at (817)633-8001 or by email at info@trideltaeo.org.

FOR ALUMNAE CHAPTER REFERENCE COMMITTEE USE ONLY

This reference has been processed by the alumnae chapter reference committee.

Name of alumnae chapter _____
Name _____ Phone _____
Alumnae Chapter Reference Chairman

FOR COLLEGIATE CHAPTER REFERENCE COMMITTEE USE ONLY

The chapter reference committee has secured complete, accurate information about this potential new member and has completed this form. After full consideration and vote of approval, this candidate is sponsored for lifetime membership in Delta Delta Delta.

Signed _____ Witnessed _____
Collegiate Chapter Reference Chairman Chapter Advisor