



**Sigma Phi Omega
University of South Alabama
Membership Application Form**



Name (as you want it to appear on the certificate) _____

Mailing Address, Street, City, State Zip _____

Telephone _____ E-mail _____

University _____ Chapter _____

Major _____ Minor _____

Degrees and Dates Awarded _____

GPA (s) _____

Employer _____ Job Title _____

Signature of Sponsor _____ Your Signature _____
(Member of Sigma Phi Omega)

Fees: