



## *Alpha Lambda Psi Sorority Membership Application*

### **International Application Instructions** **(Please read and follow all instructions):**

- ❖ **Please use black or blue ink and write legibly. Typed answers are acceptable as well.**
- ❖ **Once completed, you must submit an electronic copy (scanned or photo acceptable) by email to [intake.alphalambdapsi@gmail.com](mailto:intake.alphalambdapsi@gmail.com) by the deadline given to you.** *\*Helpful Tip: If you do not have access to a scanner, but have an android or Apple device, you can also download the app Tiny Scanner (the free version, there are 2 versions in the App Store), or other scanning methods, and use that to submit your completed application via email.*
- ❖ **You will receive acknowledgement of your application via email to schedule an interview. Membership fees (to be discussed during the interview) must be paid before the start of the intake process. Do not mail in fees. Payments will only be accepted via PayPal at this time.**
- ❖ **You must also mail a signed copy of your application to:**  
Visionary Tonya Rankins  
P.O. Box 52431  
Sumter, SC 29152
- ❖ **Incomplete or illegible applications will be rejected, and you will have to re-apply during the next intake season.**
- ❖ **If a section does not pertain to you, please enter N/A in that section.**
- ❖ **If you have any additional questions or concerns, please send an email to: [intake.alphalambdapsi@gmail.com](mailto:intake.alphalambdapsi@gmail.com)**



## Alpha Lambda Psi Sorority Membership Application

---

Full Legal Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Best time of day to reach you (include time zone) \_\_\_\_\_

Marital Status \_\_\_\_\_

Occupation \_\_\_\_\_

Do you have any military affiliation? Circle the option(s) that apply to you.

If other, explain below in the space provided.

Active Duty /Reserve /Veteran /Spouse /Dependent /Employee /Other

---

---

---

Have you previously applied for membership to or pledged any other sorority or organization?

Circle One:      Yes                  No

If yes, please list the name(s) of the organizations here:

---

---

---



## *Alpha Lambda Psi Sorority Membership Application*

Are you still an active member? \_\_\_\_\_

Why did you not continue to pursue membership or discontinue the process with that Sorority/Organization? \_\_\_\_\_

\_\_\_\_\_

List the URLs of any sites that depict you in a personal or professional manner (including but not limited to: Facebook, Twitter, Instagram, etc.)

\_\_\_\_\_

Are there any limitations or special circumstances that we need to be aware of that would hinder your ability to fully participate in the pledge process required to obtain membership into this sorority? Please explain if yes. \_\_\_\_\_

\_\_\_\_\_

Please provide the names and telephone numbers of two references (personal/professional).

\_\_\_\_\_

Height \_\_\_\_\_ ft \_\_\_\_\_ in

T-Shirt Size: \_\_\_\_\_

Jacket Size: \_\_\_\_\_

Polo Size (unisex): \_\_\_\_\_

Shirt Size: \_\_\_\_\_





## Alpha Lambda Psi Sorority Membership Application

---

**By signing and submitting this application, I agree to the following:**

**I understand that application to this sorority does not guarantee acceptance or membership. I understand that any application or other fees paid to Alpha Lambda Psi are non-refundable. I understand that this organization is a no-hazing organization and membership is voluntary. I understand that falsification of any information pertaining to this application will eliminate me from being considered for membership into Alpha Lambda Psi Military Spouses Sorority Incorporated. I agree that all information provided is true and correct.**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*\*Do Not Write Below This Line\*\*\***

Date                      Application                      Received \_\_\_\_\_

\_\_\_\_\_ Date

Application                      Reviewed \_\_\_\_\_

Interview Date \_\_\_\_\_

Application Accepted (circle one): Yes                      No

Date                      Applicant                      Notified \_\_\_\_\_

Signature of person(s) reviewing application: \_\_\_\_\_

\_\_\_\_\_