

Name of Potential New Member _____
(last) (first) (nickname)
College/University Attending _____

DELTA DELTA DELTA
Potential New Member Introduction

★ GEOGRAPHICAL/CLASS BALANCE

Home Address _____
(street) (city) (state) (zip)

Age _____ College Class () Fresh. () Soph. () Jr. () Sr. Major _____

High School _____ City, State _____

★ SCHOLARSHIP

High School GPA _____ GPA Grade Scale _____

Honors (high school or college) _____

College previously attended _____ City, State _____

Terms/hours completed _____ College GPA _____

★ CHARACTER/PERSONALITY TRAITS

★ LEADERSHIP/ACTIVITIES/AWARDS

★ WORK/VOLUNTEER INFORMATION

★ FAMILY INFORMATION

Names of parents/guardians _____

Delta Delta Delta relatives (name and relationship) _____

Relatives in other Fraternal groups (sororities/fraternities) _____

Additional Information (if applicable) _____
(i.e. family legacy at the institutions, etc.)

MEMBER'S STATEMENT

() Know potential new member personally () Know her family () Unknown, but referred by a reliable source

Additional comments:

PLEASE CHECK ONE, AND SIGN THE REFERENCE.

() Sponsor – indicating a recommendation for membership

() Information only

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.

Signed _____ Date _____

Address _____
(street) (city) (state) (zip)

Phone _____ (optional) Email _____ (optional)

Chapter _____ School _____ Year initiated _____

Member Number (if applicable) _____

INSTRUCTIONS: You may send the completed reference to the alumnae chapter reference chairman in the potential new member's hometown. If there is no alumnae chapter near the potential new member's hometown, or if you prefer, you may send the reference directly to the collegiate chapter. For addresses, visit Tri Delta's Web site at www.tridelta.org or contact Executive Office by phone at (817)633-8001 or by email at reference@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

Lifetime Membership/Reference Advisor