



SISTUHS, Incorporated National Membership Application

SECTION 1- APPLICATION STATUS

Date Application Due:

Current Membership Status:

- Active Undergraduate Member
- Active Professional Member
- Prospective Undergraduate Member
- Prospective Professional Member
- Reinstatement Member
- Transfer Member

Transfer Member from _____ To _____

Membership Chapter:

- Florida State University
- University of Florida
- Florida A&M University
- University of South Florida
- Tallahassee, Florida Professional Chapter
- Tampa, Florida Professional Chapter

SECTION 2- MEMBER INFORMATION

Please PRINT your name as you want it to appear on your membership card and SISTUHS, Incorporated correspondence:

First Name: _____ Middle Name: _____

Last Name: _____ Nick Name: _____

Social Security Number: _____ Date of Birth: _____

E-Mail Address: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Current Phone Number: [] _____ Other Phone: [] _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Permanent Phone Number: [] _____ Other Phone: [] _____

SECTION 3- CURRENT EDUCATION STATUS

College Status: Freshman _____ Sophomore _____
 Junior _____ Senior _____
 1st year Graduate _____ 2nd year Graduate _____

Major: _____

Minor: _____

Grade Point Average: _____

Anticipated Date of Graduation: _____

Affiliation with Other Organizations (Please list which position held):

SECTION 4- CURRENT EMPLOYMENT

Name of Employer: _____

Address of Employer: _____

City: _____ State: _____ Zip Code: _____

Work Number: [] _____ Other Phone: [] _____

Please give a brief description of your current employment and responsibilities:

SECTION 5- REFERENCES

Please provide three (3) active SISTUHS to verify your status to the chapter which you hold membership – one must be from an Executive Board Member of your chapter.

Name	Position	Telephone Number
1. _____		
2. _____		
3. _____		

SECTION 6- MEMBER AGREEMENT

By my signature below, I verify that the information above is correct. I also understand that under no circumstances will any individuals who are members or affiliates of this organization, have the right or authority to request of me to participate in activities that are contrary to the objectives of this organization.

Member Signature

Date