

ZTA Membership Information Sheet

Please type or print in ink.

Chapter: _____ Deadline Date: _____

Potential Member's Name:

Potential Member's Home Address: _____

High School: _____

Graduation Year: _____ Grade Point Average: _____ Grading Scale (4 pt., 5 pt., etc.): _____

Parent or Guardian's Name: _____

College/University Potential Member will attend: _____

Potential Member is a (check one):

New Student

Returning Student (GPA: _____)

Transfer Student (School Name: _____ GPA: _____)

Check One: Freshman Sophomore Junior Senior

Activities/Honors in School: _____

Volunteer Work: _____

Additional Information on Potential Member: _____

Potential Member's Interest in Zeta Tau Alpha: _____

Affiliations: ZTA Legacy: _____ Relationship: _____ Other Greek Affiliation: _____

Do you know Potential Member personally? Yes No

If no, source of information: _____

For this Potential Member, I would like to (please check one):

Highly Recommend Recommend Provide Information Only Other

Your Name: _____ Alumna: _____ Collegian: _____

Collegiate Chapter: _____ University: _____

Your Address: _____

Your E-mail Address: _____

Your Signature: _____ Your Phone: _____

The following is required if a collegian is submitting this form:

Alumna Signature: _____ Alumna Phone: _____