

Sigma Omega Epsilon Sorority, Incorporated Membership Interest Application

(This form must completed and signed before your interview)

Name: _____

800 #: _____ **Mailbox #** _____ **Delhi Email:** _____

Nickname (if any): _____

Home Address: _____

City: _____ **State:** _____ **Zip code:** _____

Home Phone: _____ **Other Phone:** _____

School Address or Hall Name: _____

School Phone: _____ **Date of Birth:** ____/____/____

Medical History (Allergies to medication, food, etc.): _____

Physical Impairments: _____

What semester is this for you? _____ **Major:** _____

Are you involved in any other organizations or sports : _____

How did you find out about Sigma Omega Epsilon: _____

Do you know any members? If so who? _____

Do you work? If so where? _____

What do you have to offer Sigma Omega Epsilon: _____

In your own words what do you think Sigma Omega Epsilon purpose is _____

What do you expect to get out of Sigma Omega Epsilon: _____

Will you make Sigma Omega Epsilon your priority even after college: _____

Will you be an active Alumni once you graduate? _____

What does sorority mean to you: _____

Questions or Comments _____

Signature of Candidate

**Thank you for taking the time to answers the questions above
Sigma Omega Epsilon Incorporated**

