ALPHA SIGMA ALPHA

Potential New Member

REFERENCE FORM

◯ ΑΣΑ legacy recommendation ◯ Potential new member recommendation

Information of potential new member

Full Name: _____ Street Address: _____
FIRST MIDDLE LAST CITY STATE ZIP

Phone: (____) _____ E-mail: _____ High School Attended: _____

Academic Information

Academic Class: ◯ Freshman ◯ Sophomore ◯ Junior ◯ Senior

College/University to be attending/currently attending: _____

Family Information

Names of parents/guardians: _____

Is this woman an ΑΣΑ Legacy? ◯ Yes ◯ No

Legacy Information: Name: _____

Relation: _____ Chapter of Initiation: _____

Relatives in other fraternal organizations (fraternity or sorority): _____

_____

Information of Alpha Sigma Alpha Member

Full Name: _____ Street Address: _____
FIRST MIDDLE LAST CITY STATE ZIP

Phone: (____) _____ E-mail: _____

◯ I have personally known the potential member for years
◯ I know the potential member's family
◯ Unknown but referred by reliable source

Please add an additional sheet explaining how the potential new member encompasses our eight core values.
(Please give characteristics, leadership skills, honors, awards, extracurricular activities, community service, etc.)

MAIL FORM: Send this form directly to the collegiate chapter. Please contact National Headquarters for their mailing address at asa@alphasigmaalpha.org or (317) 871-2920. Send an additional copy to Alpha Sigma Alpha National Headquarters, 9002 Vincennes Circle, Indianapolis, IN 46268.

FOR COLLEGIATE USE ONLY

Date reference form received: _____ Date acknowledged by the chapter: _____

◯ She joined ΑΣΑ ◯ She joined _____ sorority ◯ She did not join a sorority