



**Sigma Phi Omega  
University of South Alabama  
Membership Application Form**



Name (as you want it to appear on the certificate) \_\_\_\_\_

Mailing Address, Street, City, State Zip \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

University \_\_\_\_\_ Chapter \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Degrees and Dates Awarded \_\_\_\_\_

\_\_\_\_\_

GPA (s) \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Signature of Sponsor \_\_\_\_\_ Your Signature \_\_\_\_\_

(Member of Sigma Phi Omega)

Fees:	First-Year Membership	\$30.00 _____
	Annual Renewal	\$20.00 _____
	Additional Contribution (optional)	\$ _____
	Total Enclosed	\$ _____

Mail check or money order payable to:  
University of South Alabama  
Sigma Phi Omega Honor Society  
HUMB 34  
307 University Blvd.  
Mobile, AL 36688

Membership dues are tax-deductible