Gamma Sigma Delta

Membership & Banquet Form
(One form per person)
- Please fill out form completely –

Name (If initiate, name to appear on certificate):

_____

Status: (circle one) **Faculty** **Staff** **Retired** **Graduate Student** **Undergraduate Student**

Department: _____

Campus Address: _____

Home or Secondary Address: _____

Email (Please Update): _____

Telephone Number (Day time): _____

Membership Fee: (circle one) Initiation or Renewal - $25.00 $_____

Banquet Fee: - Member (not required by initiate) - $20.00 $_____

- Guest - $20.00 per person X Number of persons (____) = $_____

Names of those attending (including yourself and guests)

_____
_____
_____

Would you like to donate to the GSD Speaker's Fund?
If so, please indicate amount here. $_____

TOTAL ENCLOSED = ***$***_____

Initiation and Awards Banquet:
Tuesday April 20, 2010 6:30 P.M.
Leo W. Seal M Club
Mississippi State University

Please Return This Form by
Thursday, April 15, 2010

Make check payable to Gamma Sigma Delta and return with this form to:
Kirk Swortzel, Treasurer, Gamma Sigma Delta
Campus Mail Stop 9731, Mississippi State, MS 39762