

# DELTA SIGMA OMICRON MEMBERSHIP FORM

Delta Chapter, Arkansas State University



Name : \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ASU Student ID# or SS#: \_\_\_\_\_

Phone number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

In case of emergency contact: Name and relationship to applicant: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

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## ***Obligation***

*I, of my own free will and accord do hereby declare my desire to become a member of Delta Sigma Omicron. I pledge that I can and will afford the time and means to meet my organizational obligations. I further pledge to conduct myself at all times in a manner that is appropriate and in accord to university and organizational policy and standards. I understand that I am subject to the minimum academic standards, fees, scheduled meetings, and DSO activities. Further, I understand that I can at anytime withdraw my membership and can continue attending programs, however; my membership fee will not be refunded.*

*I will participate in at least one DSO activity each semester and will attend at least one meeting each semester.*

*I certify that I have a minimum cumulative GPA of 2.00. I understand that to be an active members I must maintain a minimum cumulative GPA of 2.00. Members not meeting the GPA requirement shall be placed on probation for one semester.*

*All boxes must be checked.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## ***Membership Registration***

Method of Payment:

Cash  Check

\$ 45.00 Lifetime  \$15.00 Yearly

Delta Sigma Omicron  
C/O Disability Services  
P.O. Box 360  
State University, AR 72467-0360  
Phone: 870-972-3964  
Fax: 870-972-3351  
<http://disability.astate.edu/delta.html>