

# ALPHA BETA GAMMA

## Membership Application

PLEASE PRINT CLEARLY

Name \_\_\_\_\_

(as you would like it to appear on your certificate)

Address \_\_\_\_\_

City \_\_\_\_\_

ST \_\_\_\_\_

Zip \_\_\_\_\_

Phone Number (include area code) \_\_\_\_\_

Permanent E-mail Address \_\_\_\_\_

Last four digits of Social Security number \_\_\_\_\_

OR

Birth Date in M/D/YYYY format \_\_\_\_\_

Major area of study \_\_\_\_\_

Primary availability (check one)

Day

Evening

Are you able to assist with a Club  
Committee (check one)

Yes

No

Projected last term of attendance at C.O.D.  
(i.e. Spring 2008). \_\_\_\_\_

To be eligible, you must have met the following criteria:

- 3.0 cumulative GPA
- Enrolled in a business or technology major area of study
- Completion of 15 semester hours of credit

### For more information:

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