



SIGMA LAMBDA XI
CIVIC FRATERNITY

Application for Membership

Full Name:

(Print) (First) (Middle) (Last)

Date of Birth: ____/____/____

Home Address:

City: _____ State: _____ Zip: _____

Best Phone Number To Reach You (_____) _____ - _____

Email: _____

Are you a U.S. citizen? Yes No If no, explain:

FAMILY

Marital Status: __ Single __ Separated __ Divorced __ Dating __ Married
__ Widowed

Children: Yes No If yes, how many children do you have? _____

If you have children please state their ages here: _____ [M/F] _____ [M/F] _____
[M/F] _____ [M/F]

EMPLOYMENT

Are you currently employed? Yes No

Name of Employer:

City: _____ State: _____ Zip: _____



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Position/Title: _____

When Did You Become Employed Here: ____/____/_____

What Hours Do You Work At This Job/Business?

MONDAY	_____ am/pm - _____ am/pm	FRIDAY	_____ am/pm - _____ am/pm
TUESDAY	_____ am/pm - _____ am/pm	SATURDAY	_____ am/pm - _____ am/pm
WEDNESDAY	_____ am/pm - _____ am/pm	SUNDAY	_____ am/pm - _____ am/pm
THURSDAY	_____ am/pm - _____ am/pm		

Do You Have More Than One Employer/Business? If so, state below.

Name of Employer:

City: _____ State: _____ Zip: _____

Position/Title: _____

When Did You Become Employed Here: ____/____/_____

What Hours Do You Work At This Job/Business?

MONDAY	_____ am/pm - _____ am/pm	FRIDAY	_____ am/pm - _____ am/pm
TUESDAY	_____ am/pm - _____ am/pm	SATURDAY	_____ am/pm - _____ am/pm
WEDNESDAY	_____ am/pm - _____ am/pm	SUNDAY	_____ am/pm - _____ am/pm
THURSDAY	_____ am/pm - _____ am/pm		

CRIMINAL BACKGROUND

Have you ever been convicted of a crime (Felony or Misdemeanor) other than a minor traffic violation? Yes No If yes, please explain the circumstances:



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EDUCATIONAL BACKGROUND

High School Attended:

Address:

City: ----- State: -----

Zip: -----

Did you Graduate: Yes No Degree Earned: Diploma GED Other

College/University:

Address:

City: ----- State: -----

Zip: -----

Major: -----

Did you Graduate: Yes No Date Graduated: -----

Degree Earned: -----

If you are currently enrolled at a College or University please complete the following:

Classification: ----- Major: -----

Minor: -----



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Cumulative GPA: _____ Hours Carrying: _____ Evening Classes: Yes No

Any special training, trade or certification(s)? Yes No If yes, state your trainings or certifications

MILITARY

Are you in the military or have you served in the military? Yes No
If yes, which branch? _____

How long? _____

Current Position/Status: Active Inactive Discharged

Date of Discharge: ____/____/____

PERSONAL

Do you have any physical or mental disabilities, or medical conditions that may present limitations or affect your ability to participate in Fraternity sponsored or Community events? Yes No If yes to the above question please explain:

Do you go to church or regularly attend a place of worship? Yes No
Where and what days and times?



SIGMA LAMBDA XI
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Application for Membership

Do you regularly participate in a ministry at your place of worship? Yes No
If so, please state a position or title you hold within a ministry:

What are your time demands or other obligations to your family, employer, business, church or organizations?

Do you drive a vehicle of transportation? Yes No
Do you own a vehicle? Yes No

Do you hold, or have you ever held, membership in another organization of the National Pan-Hellenic Council Inc. (NPHCI) or Pan-Hellenic Conference Inc.? Yes No
If yes, please state the name of the organization and for how long:

Are you an active member or have ever been a member of the Masons? Yes No
If yes, what lodge do you hold or have held affiliation?

Are you an active member or have been of any non-collegiate service organization? Yes No If yes, please state which organization:

Have you ever been affiliated with Sigma Lambda Xi Fraternity, Inc. during any of the past intake phases? Yes No If yes, why were you not initiated?



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Have you recently applied or requested an application to any Greek or non-collegiate organization? Yes No If yes, which organization(s)?

Any past or current Campus or Community involvement(s)? Yes No If yes, please state what type of involvement:

What size shirt do you wear? _____ What size jacket do you wear? _____

What is your height? Feet _____ Inches _____

What are your profile names on the following social media?

Facebook _____

Instagram _____

Twitter _____

SnapChat _____

Do you have a personal or business website? Yes No If yes what is/are the website addresses?

List any Special Skills that you have which may be beneficial to the organization:



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Application for Membership

INTERESTS

Please list any Special Interests you have (i.e. Art, Music, Drama, Writing, etc.):

Why are you interested in membership with Sigma Lambda Xi Fraternity, Inc.? (An additional sheet may be used):

CRIMINAL BACKGROUND

Have you ever been convicted of a crime (Felony or Misdemeanor) other than a minor traffic violation? Yes No If yes, please explain the circumstances:

WARNING: FALSE STATEMENTS TO ANY QUESTION ON THIS APPLICATION WILL BE GROUNDS FOR RATING THE APPLICANT INELIGIBLE FOR MEMBERSHIP CONSIDERATION. Please review and initial the statements below.

_____ I understand that an incomplete application form that is not accompanied by the required supplemental documentation will be considered null and void.

_____ I understand that all materials and information submitted becomes the property of Sigma Lambda Xi Fraternity, Inc. (Please maintain a copy for your records)



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_____ I authorize any person(s) or organization(s) to supply information that is required by Sigma Lambda Xi Fraternity, Inc.

_____ By providing my written signature, I hereby certify that all statements made herein, and on any attachments, are true and correct to the best of my knowledge.

Signature: _____

Date: ____/____/_____

SUBMITTED PROOF OF IDENTITY & AGE

Government Issued Drivers License Government Issued State ID Passport

SUBMITTED PROOF OF EDUCATION High School Diploma GED Certificate
College/University Degree College/University Enrollment

FOR NATIONAL or CHAPTER USE ONLY:

Date Received: ____/____/____ Date Verified: ____/____/____

Verified By:

Printed _____

Signature _____

Title _____