IOTA LAMBDA SIGMA
HONORARY PROFESSIONAL SOCIETY IN WORKFORCE DEVELOPMENT
APPLICATION FOR MEMBERSHIP

Type of Membership: _________________________________
(Indicate Regular or Honorary)

Please complete the following application and return to ____________________________ Chapter for processing.

(To be completed by the candidate.)

Name: ____________________________________________________________________________
        Last                                     First     Middle

Address: ____________________________________________ __________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

Home Phone: ___________________________ Business Phone: _____________________________

Job Title: __________________________________________________________________________
        (teacher, administrator, student, retired, businessperson, etc)

e-mail address: _______________________________________

Candidates' Signature: ___________________________________________    Date: ______________

(Initiation fee must accompany this form.)

(The following must be completed by Chapter Officer and sponsor of the candidate.)

Chapter: ____________________________ Initiation Date: _______________

Sponsor of Candidate: ____________________________________________ National No: ______

Address: __________________________________________________________________________

City: ____________________________ State: _______ Zip: ___________

This candidate meets the qualifications for membership as stipulated in the Constitution and Bylaws of Iota Lambda Sigma.

Date   Signature       Office

FOR GRAND CHAFFER USE ONLY:  Chapter No: _____________ National No: ____________

Form Date: Summer 2004