



Gamma Iota Sigma
Alpha Kappa Chapter

New and Renewing Member Application

Last Name _____ First Name _____
UID# _____ Date of Birth _____ E-mail _____
Campus Address _____ City _____
Campus Phone _____
Permanent Address _____
City _____ State _____ Zip Code _____
Permanent Phone() _____
Year in School: Freshman Sophomore Junior Senior
Major(s) _____ Minor(s) _____
Expected Graduation Date _____

Work Experience/Professional Exams Passed/Professional Designations

Internships completed or anticipated, and the dates of internships

What topics would you prefer guest speakers to address? Events you would like to see?

Please list the BEST TWO nights of the week for you to attend GIS meetings and events.

How did you hear about Gamma Iota Sigma? _____

DUES: New Member: \$70.00
Please circle one Renewing Member: \$50.00

Please make checks payable to **GAMMA IOTA SIGMA** and return forms to the Katie School of Insurance, COB room 432.