

# Alpha Gamma Sigma



# Membership Application

Membership Type:			Membership Status:		
Initial Membership <input type="checkbox"/>			ACTIVE <input type="checkbox"/>		
Continuing Membership <input type="checkbox"/>		Permanent Membership <input type="checkbox"/>	INACTIVE <input type="checkbox"/>		
Personal Information: (PLEASE PRINT LEGIBLY. Do Not leave anything blank! INCOMPLETE / UNREADABLE APPS WILL NOT BE PROCESSED)					
Last Name:			First Name:		
Home Address:		Street:		City, Zip:	
Phone:		Date of Birth:		RHC-SID#:	
E-mail Address:					
Please note that the personal identifiable information you provided herein, will from time to time, only be used to contact you regarding any relevant bulletin, event, activity or any and all matters pertaining to your AGS membership. [This document is subject to the Privacy Act of 1974] <b>Acknowledged :</b> _____					
Alpha Gamma Sigma Membership:					
Semesters in AGS? <small>(Do not include Current Semester)</small>		If Cont. Member - 1 <sup>st</sup> Semester in AGS?		If New, who recruited you or how did you hear of AGS?	
Academic Information:					
Intended graduation <input type="checkbox"/> / transfer <input type="checkbox"/> date from Rio Hondo College: <small>(Please check one or both boxes when / if applicable)</small>					
Have you attended other colleges?      Y <input type="checkbox"/> N <input type="checkbox"/>					
Do you have all college transcripts at Rio Hondo College: Y <input type="checkbox"/> N <input type="checkbox"/>					
<u>If No:</u> Please attach unofficial transcripts from other institutions with your application for <i>initial evaluation purposes</i> . Official transcripts are <b>required</b> to be submitted to the Admissions & Records Office two weeks before the end of the semester.					
Membership Clause:					
I understand that I must pay membership dues upon submitting my application. <b>Active Member: \$20.00   Inactive Member: \$30.00</b> As an <b>Active Member</b> , I recognize that in order to have my AGS membership recorded on my transcript and be eligible for AGS scholarships, I must complete a minimum of 30 service points. As an <b>Inactive Member</b> , I recognize that in order to have my AGS membership recorded on my transcript; I must complete a minimum of 10 service points. Further, it is my responsibility to verify that I qualify for membership prior to paying membership dues as there will be <b>NO REFUNDS</b> . <small>(AGS-Sigma Phi Constitution &amp; Bylaws - Art. IV and V)</small>					
Additionally, by signing this application and upon membership approval, I give Alpha Gamma Sigma (AGS) consent to the use of my name and/or picture online or in print for informational, promotional, publicity and recruiting purposes.					
Signature:				Date:	
** For Office Use Only **					
Amount Paid: A=\$20.00 <input type="checkbox"/> I=\$30.00 <input type="checkbox"/> <small>(Cashier's Window : CASH Only - No Checks or CC)</small>		Application Received By:			Date:
Units Currently Enrolled In:		RHC Units Completed:		RHC Semester GPA:	
Other College Units Completed:		GPA from Other Colleges:		Cumulative GPA:	
Comments:		Semester Service Points:		Certificate Awarded:	
Semester Service Points Verified & Final Membership Type/Status Confirmed By:				Date:	
Website: <a href="http://www.riohondo.edu/ags/">http://www.riohondo.edu/ags/</a>					