
Delta Zeta Recruitment Introduction Form

This form is designed to introduce young women to Delta Zeta Collegiate Chapters before they go through recruitment. A Legacy Introduction Form is not a guarantee of membership.

Legacy: Yes _____ No _____

Name _____ College or University _____

Home address _____

City

State

Zip

Campus address _____

City

State

Zip

High school attended _____ GPA _____

Year in College Fr. So. Jr. Sr. College GPA _____

Is this woman a transfer student? Yes ____ No ____

If yes, college previously attended _____

Please list any academic honors, community service and organizations, talents, hobbies, and interests: _____

Please attach additional sheets if necessary

Parents' names _____

Legacy Information

Delta Zeta relatives (circle all that apply): Mother/Stepmother Grandmother/Step Grandmother
Sister/Step Sister Have they discussed Delta Zeta with her? Yes ____ No ____

Name of Delta Zeta _____ Initiation chapter _____
relative First Maiden Married

Phone: _____ Address _____
Area code City State Zip

Other Greek affiliated relatives _____

Please check all that applies:

_____ I know this potential member personally.

_____ I know the potential member's family.

_____ I have discussed Delta Zeta with the potential member.

_____ This reference was voluntarily sent because I believe this potential member would make an exceptional Delta Zeta.

(Over)

_____ This reference was requested by an alumnae or collegiate chapter.

_____ I do not know this potential member personally. The information has been obtained from reliable sources.

_____ This reference was requested by the potential new member. I do not know this potential member personally; however, I am forwarding her submitted information to the chapter so that they have additional information regarding her interest.

Recommendation Information

Information submitted by _____

Alumna _____ Collegian _____ Alumnae Chapter _____

Address _____

City

State

Zip

Initiating chapter _____ College or University _____

Year of initiation _____ Phone _____

I recommend this woman? Yes _____ No _____ I have known her for _____ years.

Comments: _____

Signature _____ Date _____

- Please attach additional information you may have and wish to share regarding this potential member.
- Please send one copy to Delta Zeta National Headquarters, 202 East Church Street, Oxford, OH 45056 and one copy to the College Chapter Director (CCD).
- Addresses may be found on the Delta Zeta National website, www.deltazeta.org or by contacting Delta Zeta National Headquarters at (513) 523-7597 or dzs@dzshq.com.
- Please attach photo if possible.
- This form may be copied for additional use.

Chapter use only

Rec'd _____ Ack _____