

Recruitment Introduction Form

This form is designed to introduce young women to Delta Zeta collegiate chapters before they go through recruitment.

Legacy: Yes _____ No _____

(Delta Zeta Legacy status does not guarantee an invitation of membership.)

Name _____ College or University _____

Home address _____

City

State

Zip

Potential New Member's 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 (if applicable)

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 relative _____ Initiation chapter _____
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.
- 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 _____			
First	Maiden	Last	
I am an alumna _____	I am a collegian _____	Alumnae chapter submittal _____	
Address _____			
City	State	Zip	
Phone _____	Year of initiation _____		
Area code			
College or University _____	Initiating chapter _____		
I recommend this woman? Yes _____ No _____ I have known her for _____ years.			
Comments _____			

Signature _____		Date _____	
<ul style="list-style-type: none">• Please attach additional information you may have and wish to share regarding this potential member.<ul style="list-style-type: none">• Please send this form to the College Chapter Director (CCD). Addresses may be found on the Members page of the website by using the Find a Chapter link at the bottom of the page or by contacting Delta Zeta National Headquarters at (513) 523-7597 or dzs@deltazeta.org. You no longer need to send a copy to National Headquarters.• Please attach photo if possible.• This form may be copied for additional use.			
Chapter use only			
Rec'd _____ Ack _____			