



**Sigma Gamma Rho Sorority, Incorporated
Eta Xi Sigma Alumnae Chapter**

...Achieving excellence, through commitment & dedication..

Membership Interest Form

Please print legibly.

Contact Information

Name _____

Mailing Address _____

City _____ State _____ ZIP Code _____

Daytime Phone Number () _____ --- _____

Evening Phone Number () _____ --- _____

Email Address _____

Fax Number () _____ --- _____

Educational Background

Degree/Major

School from which you received your Degree

Please check one.

- ☐ I am a reactivating soror
- ☐ I am a prospective member

Please check all that apply.

- ☐ Please send me information about the sorority and local chapter
- ☐ Please send me a calendar of events

Please mail form to:

Sigma Gamma Rho Sorority, Inc.
Eta Xi Sigma Alumnae Chapter
Attention: Membership Chairwoman
PO BOX 522
Oak Lawn, IL 60454