



**Sigma Delta Mu, Iota of California Chapter
The National Spanish Honor Society**

Life-Time Membership Application

Name: _____ **Student ID:** _____

Address: _____
Street City Zip

Telephone: (home): _____ **(cell):** _____ **(work):** _____

Email: _____

Major: _____ **Cum. GPA** _____

Number of college credits completed: _____ **Expected Graduation:** _____

Spanish Language college courses completed: _____

There is a one-time membership fee of \$30.00 due at the time of application. Please indicate below the form of payment you are intending to use:

Cash

Money Order (Payable to Sigma Delta Mu): _____

Other _____

Amount paid by the student: \$ _____ **Verified by:** _____

Applicant

Date

Received by: _____ **Faculty Advisor:** _____