



ORCHIDS OF LAMBDA

Membership Application

Name:

Last, First Middle

Date of Birth:

MM/DD/YYYY

Address:

City:

State:

Zip:

Abbreviation

Best contact number:

Email address:

Highest Level of Education:

Current or Previous member of another military Greek letter sorority/fraternity or military-affiliated? (Yes/no; if yes, which organization)

Why do you want to join the Orchids of Lambda?

I hereby certify that the information provided is true and accurate to the best of my knowledge. If any information is found to be false, it may disqualify me as a candidate.

X

Candidate

Membership Committee Only

- Application & Initiation fee
- Internal Referral
- Letter of Recommendation

Once complete , email your completed application to orchidsoflambda@gmail.com Please allow 72 hours for a response.