

DELTA ALPHA PI

International Honor Society

Application Form

Complete and return to 126 or 102-107 Conference Center

Name:

Address:

Email:

Phone: Cell:

CLID:

Status: Graduate Student_____ Undergraduate Student_____

Number Hours Completed_____ Cumulative GPA_____

In order for this application to be complete you must:

- 1-Meet the academic requirements at the time of this application;
- 2-Show an active interest in disability issues;
- 3-Have paid the one time \$35 membership fee (check made out to Delta Alpha Pi);
- 4-Have turned in a copy of documentation of your disability (if registered w/ODS, then no further documentation required);
- 5-Attach a copy of an official or unofficial transcript obtained from the Registrar's Office or from ULINK.

*Additional Membership Requirements:

- 1-Attend at least one (1) meeting per semester;
- 2-Participate in at least one (1) disability issues activity per semester;
- 3-Participate in planning or implementation of educational programming related to disability issues for the campus and community;
- 4-Maintain the academic requirements of DAP.

*Membership is terminated if members do not abide by the requirements of membership as posed by the Delta Alpha Pi Constitution or if members do not meet the participation requirements as posed by this chapter.

I, _____ attest that the provided information is true to the best of my knowledge and that I am willingly and voluntarily joining the International Honor Society of Delta Alpha Pi. I will also uphold the membership and participation requirements of this organization.

(Member Signature/Date)

(DAP Advisor Signature/Date)