

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

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 _____

College or University _____ Initiating chapter _____
Area code

I recommend this woman? Yes _____ No _____ I have known her for _____ years.

Comments _____

Signature _____ Date _____

- Please attach additional information you may have and wish to share regarding this potential member.
 - Please send this form to the College Chapter Director (CCD). Addresses may be found on the Members page of the website by using the [Chapter Locator](#) link at the bottom of the page or by contacting Delta Zeta National Headquarters at (513) 523-7597 or dzs@dzshq.com. 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 _____