Alpha Lambda Delta Honor Society at [Name of School]

Name:

Campus Address:

Cell Phone Number:

Major:

E-mail: Current Semester Classification:

Please type your response to the following questions. Please include your name and phone number on each page.

Involvement in Campus Activities (include offices held, if any):

Involvement in High School Activities (include offices held, if any):

List your top three choices for the positions you would like to hold and why you would do well in one of these positions.

If selected as an officer for the 20xx-xx academic year, how will you fit this time commitment into your schedule?

Describe your three greatest strengths and why they would make you a good candidate for an Alpha Lambda Delta officer.

Thank you for your interest in an officer position. The election of new officers will occur during a short meeting after the initiation. Please return the completed application to (your advisor, location, date, & time)