



Petition for Honorary Membership

Sigma Tau Gamma Fraternity, Inc.®

Please Print. Read "Eligibility and Requirements" prior to completing this form.

_____ Chapter, at _____ University / College,
does hereby petition the Board of Directors of Sigma Tau Gamma Fraternity, Inc., for permission to initiate
as an Honorary Member _____

Print Full Name

- Application for Membership, completed by the candidate, is attached.
- The Chapter does, hereby attest that the candidate is not a member of a general college fraternity which is a member of the National Interfraternity Conference.
- Letter of recommendation from a college or university official is attached.
- Letter of recommendation from a Fraternity official is attached.
- Honorary Membership Fee is attached.

Planned date of initiation: *Must allow 6 weeks from date of petition.*

Candidates Occupation: _____

Summarize candidate's professional status and academic background: _____

Date Signed

Chapter President

Chapter Advisor or Chapter Counselor

Eligibility and Requirements

Eligibility for Honorary Membership is limited to men who have completed their baccalaureate education or who are beyond traditional college age and have commensurate life experience, and who have given signal service to the Fraternity. Traditionally, men who serve as faculty advisors or community advisors are so honored. Honorary membership is full membership, therefore, it is exclusive. An individual who holds membership in another general college fraternity which is a member of the National Interfraternity Conference is not eligible for honorary membership in Sigma Tau Gamma.

A candidate must be elected to Honorary Membership by his college chapter and approved by the Board of Directors of the Fraternity prior to initiation. The Board of Directors requires two letters of recommendation; one from an official of the chapter's host college or university, and one from an official of the Fraternity. The Fraternity official may be the chapter alumni association president, chapter advisor, chapter counselor, area director, district director, regional vice president, or member of the Board of Directors.

For Headquarters Office Use Only

Member Number:

Receipt Date:

Approved by the Board of Directors.

Date:

Membership Certificate, Card, & Badge mailed. **Date:**

Date: _____

Signed: _____

Authorized Officer