



ALPHA GAMMA SIGMA

The California Community College Honor Society

OMEGA CHAPTER

City College of San Francisco

50 Phelan Ave, San Francisco, CA 94112

Membership Application

Spring Fall Year: 20__ __

New
 Renew

Please Print Clearly:

____ - ____ - ____
Student I.D. Number

____ / ____ / ____
Date of Birth

Last Name First Name Middle Name

Number Street Apt. #

City State Zip Code

(____) ____ - ____
Daytime Phone Number

(____) ____ - ____
Evening Phone Number

College Units Completed

Cumulative G.P.A

Please Check All Skills that Apply:

Organizing Events (Fundraising, Volunteer Opportunities) **Web & Graphic Design** (Jasc Paint Shop Pro, Print Shop, Adobe) **Office Technology** (Microsoft Word, Excel, Adobe)

Public Relations (Flyers, Membership Drive) **Mailing List** (Updating, Maintenance) **Other:** _____

Would you like to receive emails regarding AGS activities? Yes
If yes, please provide us with your email address. No

_____ @ _____

- ★ Applicants must have completed at least 12 units and a minimum G.P.A. of 3.0.
- ★ Associate Memberships are available to students without these qualifications.
- ★ Membership dues are \$ _____ per semester.
- ★ A minimum of 15 service hours must be completed each semester; 10 of which must be AGS - related.

Student's Signature : _____ Date : _____

For Office Use Only

Date : __ / __ / __

Membership Fee: Cash Check # _____ Verified GPA : _____

Membership Number : _____ Officer Signature : _____