



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

Fall Spring Year: 200_

New
 Renew

Please Print Clearly:

____ - ____ - ____
Student Id Number

____/____/____
Date of Birth

Last Name

First Name

Middle Initial

Address

Street

Apt #

City

State

Zip Code

(____) ____ - ____
Daytime Phone Number

Email

College Units Completed

Cumulative GPA

Requirements:

- Applicants must have completed at least 12 units by the end of the semester and a minimum GPA of 3.0
- Associate Memberships are available to students without these qualifications.
- Membership dues are \$15.00/ semester.
- A minimum of 15 service hours must be completed each semester; 10 of which must be AGS related

Student Signature: _____

Date: _____

AGS MEMBERSHIP OFFICER USE ONLY

MEMBERSHIP VERIFICATION:

Date

FEE VERIFICATION:

Date

