



*Alpha Lambda Psi Military Spouses Sorority Membership Application*  
**National Rush Period**

**Application Instructions (Please read and follow all instructions)**

- ❖ Please use black or blue ink and write legibly. Typed answers are acceptable as well.
- ❖ Once completed, you must submit an electronic copy (scanned or photo acceptable) by email to [intake.alphalambdapsi@gmail.com](mailto:intake.alphalambdapsi@gmail.com).
- ❖ You will receive acknowledgement of your application via email. Once the acknowledgement email has been received, please go to <https://alphalambdapsi2017.org>, select the "National Rush" tab, and select the payment button (located at bottom of page) to submit your payment.
- ❖ You must also mail a signed copy of your application to:

**Visionary Tonya Rankins**  
**P.O. Box 52431**  
**Sumter, SC 29152**

- ❖ Incomplete or illegible applications will be rejected, and you will have to re-apply during the next intake season.
- ❖ If a section does not pertain to you, please enter N/A in that section.
- ❖ If you have any additional questions or concerns, please send an email to: [intake.alphalambdapsi@gmail.com](mailto:intake.alphalambdapsi@gmail.com)



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\_\_\_\_\_  
Full Legal Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Best time of day to reach you (please include time zone) \_\_\_\_\_

Marital Status \_\_\_\_\_

Occupation \_\_\_\_\_

Do you have any military affiliation? Circle the option(s) that apply to you. If other, please explain below in the space provided.

Active Duty / Reserve / Veteran / Spouse / Dependent / Employee / Other

\_\_\_\_\_  
\_\_\_\_\_

Have you previously applied for membership to or pledged any other Sorority or Organization? Circle One: Yes No

If yes, please list the name(s) of the organizations here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Are you still an active member? \_\_\_\_\_

Why did you not continue to pursue membership or discontinue the process with that Sorority/Organization? \_\_\_\_\_

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List the URLs of any sites that depict you in a personal or professional manner (including, but not limited to, Facebook, Twitter, Instagram, LinkedIn, etc.)

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Are there any limitations or special circumstances that we need to be aware of that would hinder your ability to fully participate in the pledge process required to obtain membership into this Sorority? Please explain below if yes. \_\_\_\_\_

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Height \_\_\_\_\_ ft. \_\_\_\_\_ inches

Blazer size: \_\_\_\_\_ (number, for example ~ 8, 10, 12, 14, etc.)



What would it mean to you to become a member of Alpha Lambda Psi Military Spouses Sorority? What positive qualities or attributes would you bring to this organization? What is one thing about you that makes you stand out against the other applicants who are also applying for membership? Please answer the questions in the space provided below.

[illegible]



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**By signing and submitting this application, I agree to the following:**

**I understand that the application to this Sorority does not guarantee acceptance or membership.**

**I understand that any fees paid to Alpha Lambda Psi are non-refundable.**

**I understand this organization is a no-hazing organization and membership is voluntary.**

**I understand that falsification of any information pertaining to this Application will eliminate me from being considered for membership into Alpha Lambda Psi Military Spouses Sorority Incorporated.**

**I agree that all information provided is true and correct.**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*\*Do Not Write Below This Line\*\*\***

Date Application Received: \_\_\_\_\_

Date Application Reviewed: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Application Accepted: (circle one) Yes                      No

Date Applicant Notified: \_\_\_\_\_

Signature of person(s) reviewing Application: \_\_\_\_\_