

**Lambda Alpha National Anthropology Honor Society
Membership Application Form**

Last Name: _____

First Name: _____

MI: _____

University email address: _____

“I hereby certify that this student meets all membership requirements of Article III of the Lambda Alpha National Constitution.”

Faculty Sponsor Signature _____

Date _____

Faculty Sponsor Printed/Typed Name:

Applicant Status, Circle One: Junior , Senior, Graduate Student, Faculty

College/University Name: _____

Chapter and State: _____

Please make \$25 check or money order payable to Lambda Alpha Honor Society
Please mail completed membership form and payment to:

Lambda Alpha National Office
300 State Street
PO Box 92365
Southlake, TX 76092
Attn: Administrative Coordinator

Questions? Contact Lambda Alpha at laanthro@gmail.com

The information below is to be entered by the Lambda Alpha National Office:

Payment Received: Yes/No

Certificate sent: Yes/No