



ALPHA SIGMA LAMBDA HONOR SOCIETY

STUDENT MEMBERSHIP

P: (973-720-3035)

E: ASLHS@wpunj.edu

William Paterson University

1800 Valley Road, RM 243

Wayne, NJ 07470

(Choose one of the following)

I accept the invitation to join Alpha Sigma Lambda. (Please read and sign below)

I do not accept the invitation to join Alpha Sigma Lambda at this time.

Pledge of Membership

I promise to uphold the ideals and further the aims of Alpha Sigma Lambda, believing that by so doing, I shall increase my value to my college and to my community.

CONTACT DETAILS AND ADDRESS

STUDENT NAME	NAME OF INSTITUTION
STREET ADDRESS OR P.O. BOX	CITY/STATE/ZIP
COUNTRY	PHONE
EMAIL	DATE OF BIRTH
GPA	EXPECTED GRADUATION DATE

Return this application via email to:

Juleisy Gomez

Gomezj54@wpunj.edu

Signature