

**Lambda Alpha National Anthropology Honor Society
50th Anniversary, 1968-2018**



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

Note: Faculty sponsor membership is confirmed by the National Office.

Faculty Sponsor Printed/Typed Name: _____

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

College/University Name: _____

Chapter and State: _____

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

Lambda Alpha Honor Society
P.O. Box 1455
Muncie, IN 47308

Attn: Melanie Cabak

Questions? Contact Lambda Alpha at laanthro@gmail.com

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

Check #: _____

Certificate sent: Yes No