

# GAMMA GAMMA GAMMA

*The National Exclusive Club for Graduates with Honors*



## CAMPUS REPRESENTATIVE APPLICATION FORM

**PLEASE TYPE OR PRINT**

YOUR NAME: \_\_\_\_\_  
*First Name Middle Name Last Name*

YOUR MAILING ADDRESS: \_\_\_\_\_

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

YOUR E-MAIL ADDRESS: \_\_\_\_\_

YOUR TELEPHONE #:(\_\_\_\_\_) \_\_\_\_\_

NAME OF YOUR SCHOOL: \_\_\_\_\_

ADDRESS OF YOUR SCHOOL: \_\_\_\_\_

CITY: \_\_\_\_\_, STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

INDICATE YOUR CLASSIFICATION: [ Freshman,  Sophomore,  Junior,  Senior]

TYPE OF INSTITUTION: [ High School,  2 Year Community College,  4 Year College/University]

List offices/positions, if any, you have held, or presently hold in your school: (Use the space below)

Write a brief, one paragraph statement explaining why you will make a good Campus Rep. (Use the space below)

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**MAIL or FAX FORM TO**  
**Gamma Gamma Gamma Honors Club**  
**CAMPUS REP. DEPARTMENT**  
**P.O. BOX 32674**  
**BALTIMORE**  
**MD 21282-2674**

**FAX: 410-922-8009**