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# Delta Zeta Recruitment Introduction Form

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This form is designed to introduce young women to Delta Zeta Collegiate Chapters before they go through recruitment. A Legacy Introduction Form is not a guarantee of membership.

Legacy: Yes \_\_\_\_\_ No \_\_\_\_\_  
Name \_\_\_\_\_ College or University \_\_\_\_\_  
Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Campus address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
High school attended \_\_\_\_\_ GPA \_\_\_\_\_

Year in College Fr. So. Jr. Sr. College GPA \_\_\_\_\_

Is this woman a transfer student? Yes \_\_\_\_ No \_\_\_\_

If yes, college previously attended \_\_\_\_\_

Please list any academic honors, community service and organizations, talents, hobbies, and interests: \_\_\_\_\_  
\_\_\_\_\_

***Please attach additional sheets if necessary***

Parents' names \_\_\_\_\_

### Legacy Information

Delta Zeta relatives (circle all that apply): Mother/Stepmother Grandmother/Step Grandmother  
Sister/Step Sister Have they discussed Delta Zeta with her? Yes \_\_\_\_ No \_\_\_\_

Name of Delta Zeta \_\_\_\_\_ Initiation chapter \_\_\_\_\_  
relative First Maiden Married

Phone: \_\_\_\_\_ Address \_\_\_\_\_  
Area code City State Zip

Other Greek affiliated relatives \_\_\_\_\_

### Please check all that applies:

- \_\_\_\_\_ I know this potential member personally.
- \_\_\_\_\_ I know the potential member's family.
- \_\_\_\_\_ I have discussed Delta Zeta with the potential member.
- \_\_\_\_\_ This reference was voluntarily sent because I believe this potential member would make an exceptional Delta Zeta.
- \_\_\_\_\_ This reference was requested by an alumnae or collegiate chapter.

(Over)

\_\_\_\_\_ I do not know this potential member personally. The information has been obtained from reliable sources.

\_\_\_\_\_ I do not reference was requested by the potential new member. I do not know this potential member personally; however, I am forwarding her submitted information to the chapter so that they have additional information regarding her interest.

### Recommendation Information

Information submitted by \_\_\_\_\_ Alumna \_\_\_\_\_ or Collegian \_\_\_\_\_

Address \_\_\_\_\_

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

Initiating chapter \_\_\_\_\_ College or University \_\_\_\_\_

Year of initiation \_\_\_\_\_ Phone \_\_\_\_\_

I recommend this woman? Yes \_\_\_\_\_ No \_\_\_\_\_ I have known her for \_\_\_\_\_ years.

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Please attach additional information you may have and wish to share regarding this potential member.
- Please send one copy to Delta Zeta National Headquarters, 202 East Church Street, Oxford, OH 45056 and one copy to the College Chapter Director (CCD).
- CCD addresses may be found on the Delta Zeta National Web site, [www.deltazeta.org](http://www.deltazeta.org) or by contacting Delta Zeta National Headquarters at (513) 523-7597 or [dzs@dzshq.com](mailto:dzs@dzshq.com). Members are required to log in for the Delta Zeta "Sisters Only Site" for address information.
- Please attach photo if possible.
- This form may be copied for additional use.

**Chapter use only**

Rec'd \_\_\_\_\_ Ack \_\_\_\_\_