APPLICATION FOR A CHAPTER CHARTER

THE HONOR SOCIETY OF DELTA TAU ALPHA

I. PROPOSED CHAPTER NAME _____________________ APPLICATION DATE ___________

COLLEGE/UNIVERSITY NAME __________________________________________________________

STREET ADDRESS ___________________________________________________________________

CITY, STATE, & ZIP CODE ___________________________________________________________________

II. INSTRUCTIONS

A. Complete all blanks on this form.
B. Send this form by February 1 for action at next annual convention to:
   NATIONAL EXECUTIVE TREASURER
   THE HONOR SOCIETY OF DELTA TAU ALPHA

C. Secure all signatures requested.
D. Attach check for Chapter Charter Fee of $25.00.
E. Attach approved Chapter Constitution and By-Laws.
F. Attach Form 30’s for charter student members.

III. GENERAL INFORMATION

A. College or University total enrollment at beginning of present session
   (including agricultural majors and minors) ------------------------------- (Number)__________

B. Agricultural majors and/or minors ----------------------------------------------- (Number)__________

C. Agricultural majors and/or minors eligible for membership at this date ------------------ (Number)__________

D. Average number of eligible students expected during each of next five years
   (estimated by agriculture faculty advisor) ----------------------------------------------- (Number)__________

E. Agricultural majors and/or minors completing degree program requirements during the past
   school year ----------------------------------------------- (Number)__________

F. 1. Is there at present a departmental student organization(s) in the
   Department/School of Agriculture----------------------------------------------- Yes ____ No

   2. If “yes” indicate number of active members at this date --------------------------(Number)__________

   3. Name four or more major activities of above organization(s):
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
G. Number of faculty members in Department/School of Agriculture  
   (Number)________________________

H. Number of hours of credit offered in agricultural courses  
   (Number)________________________

I. 1. Names of other honor fraternities or other honor organizations in which agricultural majors and/or minors on 
   this campus are presently eligible for membership.
   
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

2. Agricultural majors and/or minors who are active members in above organizations  
   (Number) _____________

J. Proposed total initiation fee (Chapter and National)  
   (Sum)  $_______________

K. Proposed annual dues (Chapter)  
   (Sum)  $_______________

============================================================================

IV. CERTIFICATION

We the undersigned persons desire to have a charter for a Local Chapter of THE HONOR SOCIETY OF DELTA TAU 
ALPHA.

TEMPORARY ORGANIZING OFFICERS  

President ________________________________
Vice-President ____________________________
Secretary ________________________________
Treasurer ________________________________
Reporter ________________________________

ADMINISTRATIVE PERSONNEL

(Agriculture Faculty Advisor)
(Chairman, Department of Agriculture)
(Dean of Students)

============================================================================

V. APPROVAL BY NATIONAL COUNCIL OF THE HONOR SOCIETY OF DELTA TAU ALPHA

(President) ________________________________  
Date ________________________________

(Vice-President Southern Region) ________________________________  
Date ________________________________

(Vice-President Eastern Region) ________________________________  
Date ________________________________

(Vice-President Mid-Western Region) ________________________________  
Date ________________________________

(Secretary) ________________________________  
Date ________________________________

(Parliamentarian) ________________________________  
Date ________________________________

(National Advisor) ________________________________  
Date ________________________________

(National Executive Treasurer) ________________________________  
Date ________________________________

============================================================================

VI. DATE CHARTER PRESENTED ________________________________