





APPLICATION FOR THE PSI LAMBDA KAPPA CHAPTER OF THE ALPHA GAMMA SIGMA HONOR SOCIETY. WEST LOS ANGELES COLLEGE

	Date: / / 2003		
<u>Important</u> Notice:	Name:		
You must be	Address:		
currently	City, State, Zip:		
enrolled in at least 6 units and	Phone Number: ()		
have completed	E-mail address:		
12 units, or be a life member of	Would you like to be contacted by e-mail?		
the California	School ID number (mandatory):		
Scholarship	Are you a day or evening student?		
Federation to be an AGS Member.	Current Grade Point average:		
You must have a	Cumulative Grade Point average:		
cumulative <u>and</u>	Number of units you are currently carrying:		
current GPA of 3.0 or above to be	New Member or		
an AGS member.	Continuing Member (mark only one)		

I hereby authorize the faculty advisors or authorized officer of the Psi Lambda Kappa Chapter of the Alpha Gamma Sigma Honor Society to verify any and all information given above.

Signature:		_ Date :// 2003
	Return to: Dr. McMaster, AGS Adviso at West Los Angeles College 9000 Overland Avenue, Culver B-8-100G 310-287-4219	
Office Use Only		
DuesS	ervice Hours: GPA CC	GPA Units