

A' E ALPHA GAMMA SIGMA A' E
HONOR SOCIETY of CONTRA COSTA COLLEGE

Application for Temporary Membership

For high-school graduates in their first semester at a community college.

Submit completed application with supporting documentation (if required) and dues by Friday of the 7th week of classes to:
Wendy Williams (LA 17), CCC, 2600 Mission Bell Drive, San Pablo, CA 94806
tel: (510) 235-7800 ext. 4336; email: wwilliams@contracosta.cc.ca.us

Please PRINT clearly in CAPITAL letters. Application for ___Spring or ___Fall, year _____

Last Name: _____ First Name _____ M _____ Mr_ Ms_ or Mrs_

Street Address: _____ Line 2 (optional) _____

City: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____

e-mail address _____

(print clearly, one character per underscore)

Major _____ SSN _____ - _____ - _____ CCC Student ID: _____

Expected semester of graduation _____ Expect to transfer to _____
(Name college or colleges)

\$ I graduated from _____ High School in _____
(Name of high school) (Date of graduation)

\$ You must meet one of the two criteria listed below. Check one or both of the following:

G My cumulative GPA from High School was _____. Must be 3.50 or higher.

G I am a life member of the California Scholarship Federation (CSF).

You must attach a copy of your high school transcript, showing GPA and date of graduation.
Attach a copy of your CSF membership certificate if applicable.

\$ This is my first semester at a community college ___yes ___no. (Must be yes.)

Check one of the following: _____ I am enclosing \$10.00 for dues for this semester only.
_____ I am enclosing \$18.00 for dues for this and next semester.
_____ My dues are paid for this semester; I paid \$18.00 last semester.

Checks should be made payable to: CCC Foundation, AGS and are due with the application. Dues will be refunded if you are not approved.

Do you have any special skills or talents which you would be willing to utilize for AGS activities? (For example, organizing, tutoring, design, computer, or writing skills.)

May we include your name, phone number and e-mail address in the AGS Members Directory? ___ yes ___ no.

I understand that the above information will be verified and if I do not meet the minimum GPA and unit requirements my application will not be approved. I also understand that in order to be considered an **active** member I must also complete 10 hours of volunteer service and submit the *Verification of Volunteer Hours* form by the end of the 12th week of the semester.

Signature: _____ Date _____

===== For Official Use Only =====

Verification: Date of H.S. graduation _____ Cumulative H.S. GPA _____ Member CSF _____

Dues paid: Amount: _____ Cash ___ or Check ___ (check number _____); for Fall _____ Spring _____

Approved _____ Not Approved _____ Date _____, by _____ Reason if not approved: _____