PSI OMEGA FRATERNITY
National Council
1040 Savannah Highway
Charleston, SC 29407
(843) 556-0573

Dear Sir and Brother:

The undersigned has been regularly balloted for and found worthy of becoming a Brother of Upsilon Nu Chapter (UNLV School of Dental Medicine) and a fellow of the Psi Omega Fraternity. The applicant trusts that there is nothing upon the records that will deter him/her from such honors; and hearby agrees that if he/she is admitted into the Fraternity, he/she will abide by the Constitution and Ritual of the Order, the Bylaw of the Chapter, and the rulings of the National Council. He/She has never been a member of any other similar dental fraternity.

The applicant respectfully petitions a writh of dispensation empowering the President to confer on him/her the Active Degree of this Fraternity.

(Print or Type Application Clearly – Very Essential)

Chapter: **Upsilon Nu (UNLV SDM)** **Date _____, 20____**

Mr___Ms___Mrs_____
First Name (Print Clearly) Middle Last Name Suffix

Place of Birth_____Date of Birth_____Social Security No._____

Entered Dental School (Year) _____

Class now in _____ **Date of Graduation (MM/YR) _____**

Present Mailing Address:_____

City_____ State ____ Zip _____ **Area Code/Phone_____**

E-mail address:_____

Initiation Fee: $60.00

This is a one-time fee. This amount includes the annual National Dues until graduation.

Affix Passport Size Photo
(if available)

Certified_____, Recorder

This petition must be filled in and forwarded to the Executive Director, along with the initiation fee, who finding everything satisfactory will empower the President to initiate the Petitioner. A President conferring initiation without receiving such authority will be expelled from the order.