

# LAMBDA CHI ALPHA FRATERNITY FORM 601

**Note to High Gamma:** Have each new associate member fill out this form immediately upon association. Once you have all of the new members' completed forms, log into Digital LCA at <http://digital.lambdachi.org>, click on Chapter Resources from the Main Menu, click on New Member Registration System, enter your chapter's password, and begin Form 1 – Report of Associate Membership (which replaces the old 599 and 600A forms). After completing and printing Form 1 for each new associate member, have them sign a printed version of Form 1 and mail it to the Office of Administration with the Association Member Fee.

\_\_\_\_\_ at \_\_\_\_\_  
(Zeta) (College or University)

**LEGAL FIRST NAME:** \_\_\_\_\_

**LEGAL MIDDLE NAME:** \_\_\_\_\_  
(Full middle name, not initial)

**LEGAL LAST NAME:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**PARENTS' ADDRESS:** \_\_\_\_\_  
(Street & No. or PO Box)

\_\_\_\_\_  
(City) (State or Province)

\_\_\_\_\_  
(ZIP Code + four) (Country)

**PARENTS' PHONE:** (\_\_\_\_\_) \_\_\_\_\_

**GRADUATION YEAR:** 20\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
(Month/Day/Year)

**SOCIAL SECURITY:** \_\_\_\_\_  
(### - ## - #### format)

**RELATIVE(S) IN LCA (1):** \_\_\_\_\_  
(First, Middle, Last Name)

\_\_\_\_\_  
(Relationship to you, School, Graduation Year)

**RELATIVE(S) IN LCA (2):** \_\_\_\_\_  
(First, Middle, Last Name)

\_\_\_\_\_  
(Relationship to you, School, Graduation Year)

**FATHER (OR GUARDIAN):** \_\_\_\_\_  
(Prefix, First, Middle, Last Name, Suffix)

\_\_\_\_\_  
(Relationship, School, Graduation Year)

**DATE OF ASSOCIATION:** \_\_\_\_\_  
(Month/Day/Year)