



The Cum Laude Society

4100 Springdale Road
 Louisville, KY 40241
 E-mail: cumlaude@kcd.org
 Web page: www.cumlaudesociety.org
 502-814-4361 Fax: 502-423-0445

Induction Registration Form

**Please register each NEW inductee to your Chapter.
 It is only necessary to send a name to the Central Office once.
 This is the Society's permanent record for your Chapter. Please use black ink.**

Chapter Name: _____ Academic Year: _____

School name: _____

Address: _____

Tel: (____) _____ Fax: (____) _____

<u>Date of Induction</u>	<u>Sample Listing</u> Full Name	<u>Students Only</u> Class	<u>Check one</u>		
			<u>Student</u>	<u>Faculty</u>	<u>Honorary</u>
10/12/07	Anne Marie Brown	2009	X		
10/12/07	Kendall Paul Downee	---		X	
5/22/08	Tami Gordon	2009	X		
5/22/08	Dr. Frank A. Langley	---			X

Kindly type or print (black ink), and place names in alphabetical order. Thank you.

<u>Date of Induction</u>	<u>Full Name</u>	<u>Students Only</u> Class	<u>Check one</u>		
			<u>Student</u>	<u>Faculty</u>	<u>Honorary</u>
_____	1. _____	_____	_____	_____	_____
_____	2. _____	_____	_____	_____	_____
_____	3. _____	_____	_____	_____	_____
_____	4. _____	_____	_____	_____	_____
_____	5. _____	_____	_____	_____	_____
_____	6. _____	_____	_____	_____	_____
_____	7. _____	_____	_____	_____	_____
_____	8. _____	_____	_____	_____	_____
_____	9. _____	_____	_____	_____	_____
_____	10. _____	_____	_____	_____	_____

Page 1 of _____ pages. Signed _____ Date _____ Title _____

Memberships are not officially recorded unless those for Students and Faculty are accompanied by a one time Induction Fee of \$6.00 per person (Note new fee as of 11/05). There is no charge for Honorary memberships nor for members transferring* from another Chapter. Please enclose check (made to Cum Laude Society) with Registration form.

***Faculty members transferring from another chapter require no fee. Simply write in original chapter and year of election next to the name.**

The Cum Laude Society Induction Registration (continued) Academic Year: _____

School/Chapter Name: _____

<u>Date of Induction</u>	<u>Full Name</u>	<u>Students Only Class</u>	<u>Check one</u>		
			<u>Student</u>	<u>Faculty</u>	<u>Honorary</u>
_____ 11.	_____	_____	_____	_____	_____
_____ 12.	_____	_____	_____	_____	_____
_____ 13.	_____	_____	_____	_____	_____
_____ 14.	_____	_____	_____	_____	_____
_____ 15.	_____	_____	_____	_____	_____
_____ 16.	_____	_____	_____	_____	_____
_____ 17.	_____	_____	_____	_____	_____
_____ 18.	_____	_____	_____	_____	_____
_____ 19.	_____	_____	_____	_____	_____
_____ 20.	_____	_____	_____	_____	_____
_____ 21.	_____	_____	_____	_____	_____
_____ 22.	_____	_____	_____	_____	_____
_____ 23.	_____	_____	_____	_____	_____
_____ 24.	_____	_____	_____	_____	_____
_____ 25.	_____	_____	_____	_____	_____
_____ 26.	_____	_____	_____	_____	_____
_____ 27.	_____	_____	_____	_____	_____
_____ 28.	_____	_____	_____	_____	_____
_____ 29.	_____	_____	_____	_____	_____
_____ 30.	_____	_____	_____	_____	_____

(Please duplicate Page 2 if additional listings are needed)

Page ____ of ____ pages. Signed _____ Date _____ Title _____

Mailing Procedure

Return original to: Cum Laude Society, 4100 Springdale Road, Louisville, KY 40241

Keep a copy for your files.

It is not necessary to send a copy of this form to your Regent