

Expansion Inquiry Form

Thank you for your interest in Sigma Lambda Upsilon/Señoritas Latinas Unidas Sorority, Inc! Please complete this form and a member of our Expansion Team will respond within three days.

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Contact Information [Required]

Valid input:

- must be 10-15 digits long and may include only numbers, hyphens, and spaces.
- name@myschool.edu

First name:

Middle initial:

Last name:

Email address:

Phone number:

Address:

City:

State:

ZIP:

College/University

Are you interested in

Valid input:

- Select only one choice.

Receiving more information

Starting an undergraduate Chapter

Starting a Graduate/Professional Chapter

Comments