



INTERVIEW FORM – ASSOCIATE

**THIS FORM TO BE COMPLETED BY THE
CHAPTER ADMISSIONS CHAIR OR A CHAPTER OFFICER**

The Chapter has **30 DAYS** to conduct this Interview. This is the most important step in the process of approving an Applicant for membership. The goal of the Interview is to verify the Applicant's professionalism and ethical standards.

DIRECTIONS: This form shall be completed and signed by the interviewer.
Please remit directly to Christopher Collins Manager of Admissions, at ccollins@sior.com.
PLEASE PRINT LEGIBLY OR THE FORM WILL BE RETURNED.

Date Received: _____

Associate Type: _____

Company: _____

Primary Delegate: _____

This interview was conducted on _____ and:

In Person – Location: _____ By Phone Video Call

CHAPTER ADMISSIONS CHAIR REPORT:

1. Meets Category Requirements? Yes No

2. Is Application Complete? Yes No

If No, please explain:

3. General Comments:

4. Request for additional information from Admissions Committee? Yes No

If Yes, please explain:

CHAPTER ADMISSIONS CHAIR:

Signature: _____

Name (Printed): _____

Date: _____