GREEK NEW MEMBER ROSTER

Please list new members alphabetically by last name(Full name with middle initial).

Please write neatly or type.

By my initials below I authorize the Leadership Center Staff to verify my GPA, release it to appropriate chapter and inter/national organizations. They are authorized also to release my affiliation with this organization.

Chapter _____ **Semester/Year_____**

New Member (last, first, middle initial)	University ID Number	Initialed

This form is due to Leadership Development 48 Hours after bid acceptance