

Membership Intake Request Form National Pan-Hellenic Council

This form is to be submitted no less than ten (10) days prior to your first informational/ interest meeting. Should this form be submitted within ten days of the first event, all activities will be postponed until further notice.

Organization Name: _____

Chapter Name: _____

President Name: _____

Member Coordinating Membership Intake

Name: _____

Phone: _____ Email: _____

Mailing Address: _____

Submission of Required Forms (check if submitted)

____ Hazing Compliance Form (with signatures of all active members)

____ Officer/Advisor List Updated

____ Roster Updated

____ Grade Release cards (for all active, initiated members)

Calendar of Events

Date of Interest Meeting/Informational: _____ Time: _____

Location of Interest Meeting/Information: _____

Intake Events: (all meetings pertaining to membership intake must be listed). Use additional paper if necessary.

Name of Event	Date	Location
---------------	------	----------

Initiation

Date of Initiation: _____ Time: _____

Location of Initiation: _____

Presentation Show

Date of Presentation: _____ Time of Presentation: _____

Location of Presentation: _____

By completing this form, I understand that I am stating on behalf of my organization that the above information is true, to the best of my knowledge. I also recognize that should any changes take place in the scheduling of events, I will report these changes to the Assistant Director of Student Life – Greek Life. I also understand that all submitted information will remain confidential in the Office of Student Life.

President's Print Name: _____ Date: _____

President's Signature: _____ Date: _____

Advisor's Print Name: _____ Date: _____

Advisor's Signature: _____ Date: _____

For Office Use Only:

_____ Date of Submission

_____ Intake Request Accepted /Denied

_____ Copy Sent to Chapter/Graduate Advisor

_____ Received copy of required paperwork from Regional/National

Other Documentation: