The officers and members of ___________________________ are proud to announce the intake of new members for the Fall or Spring (circle one) semester of _________________.

Interest Meeting(s) will be held on ____________________________________________
Selection will conclude on ____________________________________________
Candidate Education/Intake process begins on __________________________________
Candidates will be initiated on ____________________________________________
New Members will be presented on ____________________________________________
Location and rain site for presentation ____________________________________________

The person in charge of intake for the Chapter will be:
Name ____________________________
Title in Chapter ____________________________
Phone number ____________________________

The chapter advisor supervising intake for the Chapter will be:
Name ____________________________
Title in Chapter ____________________________
Phone number ____________________________

The above information is accurate and correct to the best of my knowledge.

President’s Name Printed ____________________________
President’s Signature ____________________________
President’s Phone ____________________________

Chapter Adv.’s Name Printed ____________________________
Chapter Adv.’s Signature ____________________________
Chapter Adv.’s Phone ____________________________

Multicultural Greek Council Notice of Membership Intake Form